

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749892

1. Entity Name

THE ISLANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

17006 GULF BLVD  
N. REDINGTON BEACH FL 33708

Mailing Address

17006 GULF BLVD  
N. REDINGTON BEACH FL 33708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JONES, CHRISTIE  
126-21ST AVENUE NORTHEAST  
ST. PETERSBURG FL 33704

Address Change Only

7. Name and Address of New Registered Agent

Name

SAME AS 6.

Street Address (P.O. Box Number is Not Acceptable)

227 LOS PRADOS DRIVE

City

SAFETY HARBOR

FL

Zip Code

34895-3334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]*

Registered Agent Address  
Change Only

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete

NAME KAZAR, JENNIFER  
STREET ADDRESS 8767 BRIDLEWOOD WAY N.  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE VD ☒ Delete

NAME STEARNS, RAY  
STREET ADDRESS 9426 108TH AVE. N.  
CITY-ST-ZIP LARGO FL

TITLE PD ☐ Delete

NAME EBERSOL, BERNICE  
STREET ADDRESS RT. 1, BOX 302  
CITY-ST-ZIP GRESSENT CITY FL

TITLE TD ☐ Delete

NAME STRICKLER, DALE H  
STREET ADDRESS 5139 CHAMELEON COURT  
CITY-ST-ZIP SPRINGHILL FL 34607-4404

TITLE D ☒ Delete

NAME DENVER, VERONICA  
STREET ADDRESS 8030 FORD PLACE  
CITY-ST-ZIP TAMPA FL 34647

TITLE SD ☒ Delete

NAME BASS, DOROTHY  
STREET ADDRESS 4214 NORTH A STREET  
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition

NAME *[Blank]*  
STREET ADDRESS *[Blank]*  
CITY-ST-ZIP Zip 33777

TITLE Vice President ☐ Change ☒ Addition

NAME Michael R. Steele  
STREET ADDRESS 19001 Second Street, N.E.  
CITY-ST-ZIP Lutz, FL 33549

TITLE *[Blank]* ☒ Change ☐ Addition

NAME *[Blank]*  
STREET ADDRESS 149 Waterway Avenue  
CITY-ST-ZIP Satsuma, FL 32189

TITLE *[Blank]* ☐ Change ☐ Addition

NAME *[Blank]*  
STREET ADDRESS *[Blank]*  
CITY-ST-ZIP *[Blank]*

TITLE D ☐ Change ☒ Addition

NAME FRANCIS "PAT" Clyde  
STREET ADDRESS 201 CRANBERRY LANE  
CITY-ST-ZIP BRANDON, FL 33510

TITLE *[Blank]* ☐ Change ☐ Addition

NAME *[Blank]*  
STREET ADDRESS *[Blank]*  
CITY-ST-ZIP *[Blank]*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dale H. Strickler* Dale H. Strickler TREASURER 4/17/01 727-391-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90231 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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