

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0042067

DOCUMENT # 749892

1. Entity Name

THE ISLANDER CONDOMINIUM ASSOCIATION, INC.

04-15-2002 90026 004 ****61.25

Principal Place of Business Mailing Address
 17006 GULF BLVD 17006 GULF BLVD
 N. REDINGTON BEACH FL 33708 N. REDINGTON BEACH FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2585750** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, CHRISTIE
227 LOS PRADOS DRIVE
SAFETY HARBOR FL 34695-3334

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 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	<input type="checkbox"/> Delete
NAME	KAZAR, JENNIFER	
STREET ADDRESS	8767 BRIDLEWOOD WAY N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEELE, MICHAEL R	
STREET ADDRESS	19001 SECOND STREET, NE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EBERSOL, BERNICE	
STREET ADDRESS	149 WATERWAY AVENUE	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRICKLER, DALE H	
STREET ADDRESS	5139 CHAMELEON COURT	
CITY-ST-ZIP	SPRINGHILL FL 34607-4404	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLYDE, FRANCIS "PAT"	
STREET ADDRESS	201 CRANBERRY LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3609 SAVANNAH LAKES PLACE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON MASTERS	
STREET ADDRESS	14928 NEWPORT ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33764	

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** 3/26/02 727-391-0271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)