

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90088 030 ****70.00

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**

40039571



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, CHRISTIE
227 LOS PRADOS DRIVE
SAFETY HARBOR FL 34695-3334**

Name **JONES, Christie**
Street Address (P.O. Box Number is Not Acceptable)
3472 TEALWOOD CIRCLE
PALEMBOR **FL** Zip Code **34685-**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Address change only.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **KAZAR, JENNIFER**
STREET ADDRESS **8767 BRIDLEWOOD WAY N.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **EBERSOL, BERNICE**
STREET ADDRESS **149 WATERWAY AVENUE**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☒ Change ☐ Addition
NAME **BERNICE EBERSOL-REFFER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **STRICKLER, DALE H**
STREET ADDRESS **5139 CHAMELEON COURT**
CITY-ST-ZIP **SPRINGHILL FL 34607-4404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CLYDE, FRANCIS "PAT"**
STREET ADDRESS **3609 SABANNAH LAKES PLACE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MASTERS, DON**
STREET ADDRESS **14928 NEWPORT ROAD**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D. Patrick Monaghan**
STREET ADDRESS **534 North East Olive Way**
CITY-ST-ZIP **BOCA RATON, FL 33432-4152**

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

04/29/03 **727-391-0271**

CR2E037 (10/02)