

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90725 039 ****61.25

DOCUMENT # 753890

1. Entity Name

ISLAND INN CONDOMINIUM MOTEL ASSOCIATION, INC.



Principal Place of Business

**9980 GULF BOULEVARD
TREASURE ISLAND FL 33706**

Mailing Address

**9960 GULF BOULEVARD
TREASURE ISLAND FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ZACUR, RICHARD A.
% MENSCH, ZACUR & GRAHAM, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33733**

4. FEI Number **59-2130015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL F. 1901 COUNTRY CLUB CT. PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWNLEE, CARL 902 E REYNOLDS PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, ALBERT 1205 BETHLEHAM RD. PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RATCLIFF, GUY 13834 MEADOWSONKS DR DOVER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLELLAN, LALEY L 2704 DORENE DR PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWNLEE, CARL P.O. BOX 1030 PLANT CITY, FL 33564-1030	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, ALBERT P.O. DRAWER 00 PLANT CITY, FL 3356	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLELLAN, LALEY L 138 107TH AVE. BOX 329 TREASURE ISLAND, FL 33706	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

[Signature]

3/5/03

813-477-4773

CR2E037 (10/02)