

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90020 027 \*\*\*\*61.25

**DOCUMENT # 755451**  
 1. Entity Name  
**ISLAND POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 7686 WILES ROAD CORAL SPRINGS FL 33067 US		Mailing Address 7686 WILES ROAD CORAL SPRINGS FL 33067-2069 US	
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 **59-2066697** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>CONSOLIDATED COMMUNITY MANAGEMENT, INC.</b> 7686 WILES ROAD CORAL SPRINGS FL 33067		7. Name and Address of New Registered Agent Name <b>Consolidated Community Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>10034 WEST MENARD ROAD</b> <b>TAMARAC</b> City <b>FL</b> Zip Code <b>33321</b>	
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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 **James Miles** DATE **1/31/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>SIEGEL, SEYMOUR</b>	NAME	<b>FRANK LEUCCI</b>
STREET ADDRESS	<b>665 SE 21 AVE #108</b>	STREET ADDRESS	<b>665 SE 21 A</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33441</b>	CITY-ST-ZIP	<b>DEERFIELD BCH, FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>SHUTROMP, ROBERT</b>	NAME	<b>FABO CARILLO</b>
STREET ADDRESS	<b>665 SE 21 AVE #106</b>	STREET ADDRESS	<b>665 SE 21 A</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33441</b>	CITY-ST-ZIP	<b>DEERFIELD, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>TIEMANN, PHIL</b>	NAME	<b>LEG GEARA</b>
STREET ADDRESS	<b>665 SE 21 AVE #308</b>	STREET ADDRESS	<b>665 SE 21 A</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33441</b>	CITY-ST-ZIP	<b>DEERFIELD BCH, FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIACOMARRA, YOLANDA</b>	NAME	
STREET ADDRESS	<b>665 SE 21 AVE #303</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33441</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>KARALUZ, DIETER</b>	NAME	
STREET ADDRESS	<b>665 SE 21 AVE #302</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33441</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 all other like empowered.

**SIGNATURE:** **PHIL TIEMANN** 2-1-00 9545705423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #