

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90377 015 ****61.25

A0068086

DO NOT WRITE IN THIS SPACE

DOCUMENT # **75545**
 1. Entity Name
ISLAND POINT CONDOMINIUM ASSOCIATION

Principal Place of Business Mailing Address
10034 W MCNAB ROAD
TAMARAC, FL 33321

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 **59-206697**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Consolidated Community Mgt
10034 W MCNAB RD
TAMARAC, FL 33321

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

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

0. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	Fred Carrillo
STREET ADDRESS	10034 W MCNAB RD
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	TD <input type="checkbox"/> Delete
NAME	Phil TIEMANN
STREET ADDRESS	10034 W MCNAB RD
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	VPD <input type="checkbox"/> Delete
NAME	LEE GEARY
STREET ADDRESS	10034 W MCNAB RD
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	FRANK LEVCCI
STREET ADDRESS	10034 W MCNAB RD
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

CR 2007 (9/00)

44-70-2001 954-718-9903