

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-15-2002 90196 024 ****61.25

DOCUMENT # 755451

1. Entity Name
ISLAND POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 10034 W MCNAB RD TAMARAC FL 33321 US	Mailing Address 10034 W MCNAB RD FORT LAUDERDALE FL 33321 US
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B0129477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 SW 10 Street	3. Mailing Address 2100 SW 10 Street
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Deerfield Beach, FL	City & State Deerfield Beach, FL

4. FEI Number 59-2066697	Applied For <input type="checkbox"/> Not Applicable
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Zip 33442	Country USA	Zip 33442	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONSOLIDATED COMMUNITY MANAGEMENT, INC.
 10034 WEST MCNAB ROAD
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent
 Name
UNITED DIVERSIFIED ENTERPRISES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
2100 SW 10 Street
Suite B
 City
Deerfield Beach **FL** Zip Code
33442

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 **Daniel Cruz, President** **7/5/02**
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 NAME STREET ADDRESS CITY-ST-ZIP	D LEUCCI, FRANK 10034 W MCNAB RD TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRILLO, FRED 10034 W MCNAB RD TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIEMANN, PHIL 10034 W MCNAB RD TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIACOMARRA, YOLANDA 665 SE 21 AVE #303 DEERFIELD BCH. FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEARY, LEE 10034 W MCNAB RD TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D FISCHER, MARK 665 SE 21 Avenue, #101 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARSON, JOYCE A. 665 SE 21 Avenue, #400 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, RENEE 665 SE 21 Avenue, #504 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARALUZ, DIETER 665 SE 21 Avenue, #302 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARK FISCHER, President** **7/5/02** **(954) 426-8864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)