## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # 756225** 1. Entity Name ISLES OF THE BAY CONDOMINIUM ASSOCIATION, INC. 03-23-2000 90020 041 \*\*\*\*61.25 Mailing Address Principal Place of Business 7740 BOCA CEIGA DR 7217 GULF BLVD STE 8 ST. PETE BEACH FL 33706 LUUSSDIU ST.PETERSBURG BCH. FL 33706-1961 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2138887 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHNOOR, FRANK ST.PETERSBURG BCH. FL 33706 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MARSH, MILDRED NAME NAME STREET ADDRESS STREET ADDRESS 9 WESTBROOK AVE CITY-ST-ZIP CITY-ST-ZIP STATEN ISLAND NY TITLE ☐ Change ☐ Addition TITLE ☐ Delete MULVEY, HELEN NAME NAME STREET ADDRESS 7740 COCA CIEGA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PT. BCH FL X Change Addition | DT D ☐ Delete TITLE TITLE RIEXINGER, LILLIAM NAME NAME 318 BON AIRE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HATHORO PA ☐ Change X Addition ☐ Delete TITLE TITLE NAME KITCHEN, WARREN STREET ADDRESS STREET ADDRESS 7740 Boca Ciega Dr. Unit #201 CITY-ST-ZIP CITY-ST-ZIP PETE BEACH, FL 33706 Change ☐ Delete TITI F Addition TITLE NAME NAME KELLY, GEORGE STREET ADDRESS STREET ADDRESS 7740 BOCA CIEGA DR. UNIT #101 CITY-ST-ZIP CITY-ST-ZIP PETE BEACH, FL 33706 ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

367· ×~70

Daytime Phone #