2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90235 030 ****61.25

0061377

DOCUMENT # 756225

1. Entity Name

ISLES OF THE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7740 BOCA CEIGA DR ST. PETE BEACH FL 33706 US	7217 GULF BLVD STE 8 STE 6 ST.PETERSBURG BCH. FL 33706 US

DO NOT WRITE IN THIS SPACE

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 59-2138887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNOOR, FRANK STE 6 ST.PETERSBURG BCH. FL 33706	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.

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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARSH, MILDRED 9 WESTBROOK AVE STATEN ISLAND NY	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULVEY, HELEN 7740 COCA CIEGA DR. ST. PT. BCH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEXINGER, LILLIAM 318 BON AIRE AVE HATHORO PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KITCHEN, WARREN 7740 BOCA CIEGA DR. UNIT #201 SAINT PETERSBURG FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, GEORGE 7740 BOCA CIEGA DR. UNIT #101 SAINT PETERSBURG FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED _____ 4-17-01 727.367.5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #