

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762976

1. Entity Name

THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90072 034 ****61.25

Principal Place of Business

Mailing Address

CORNER OF 1ST & C ST
 POB 687
 CEDAR KEY FL 32625

CORNER OF 1ST & C ST
 POB 687
 CEDAR KEY FL 32625-0687



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2304654

Applied For

Not Applicable

Zip Country

Zip Country

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

GARY SANTAVICCA
550 1ST ST.
CEDER KEY FL FL 32625

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 **TD** Delete
 NAME **GRUNDSET, RONNIE**
 STREET ADDRESS **4910 N. W. 27TH COURT**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BILL VIERTEL**
 STREET ADDRESS **6450 SW STATE HWY 24**
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **D** Change Addition
 NAME **ARJA MOHR**
 STREET ADDRESS **16691 ANNA STREET**
 CITY-ST-ZIP **CEDAR KEY, FL. 32625**

TITLE **VD** Delete
 NAME **DEVARENNES, CHARLES**
 STREET ADDRESS **HODGSON AVE.**
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **GARY SANTAVICCA**
 STREET ADDRESS **3056 LEAFWOOD DRIVE**
 CITY-ST-ZIP **MARIETTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **TRACY ADAMS**
 STREET ADDRESS **4185 STARGRASS CT.**
 CITY-ST-ZIP **HILLIARD OH**

TITLE **S** Change Addition
 NAME **PATRICIA THI BODEAU**
 STREET ADDRESS **16931 SW 133 STREET**
 CITY-ST-ZIP **CEDAR KEY, FL. 32625**

TITLE **D** Delete
 NAME **JOHN DYSON**
 STREET ADDRESS **1004 S. WESTERN AVE.**
 CITY-ST-ZIP **CHAMPAIGN IL**

TITLE Change 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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-00 404 653-1119
 Date Daytime Phone #

CR2E037 (9/99)