

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90085 003 ****61.25

0065071

DOCUMENT # 762976

1. Entity Name

THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNER'S ASSOCIATION, INC.

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**

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

59-2304654

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **HAL REID**

Street Address (P.O. Box Number is Not Acceptable)
1247 SE 3RD ST.

City **Ocala,**

FL

Zip Code **32671**

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)

12/26/02

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 **RICHARD STODDARD**
 STREET ADDRESS **P.O. Box 156**
 CITY-ST-ZIP **RICHFORD, VT. 05476**

TITLE **B** Delete
 NAME **MOHR, ARJA**
 STREET ADDRESS **16691 ANNA STREET**
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE Change Addition
 NAME **T MOHR, ARJA**

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

TITLE **DVP** Change Addition
 NAME **PAGE JACOBSON**
 STREET ADDRESS **4909 N.W. 27th Court**
 CITY-ST-ZIP **GAINESVILLE, FL. 32606**

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

TITLE **P** Change Addition
 NAME **HAL REID**
 STREET ADDRESS **1247 SE 3RD ST.**
 CITY-ST-ZIP **Ocala, FL. 32671**

TITLE **S** Delete
 NAME **THIBODEAU, PATRICIA**
 STREET ADDRESS **16931 SW 133 STREET**
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE Change Addition

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

TITLE Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAL T. REID

1-26-02

Date

3525435707

Daytime Phone #

CR2E037 (9/01)