

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90019 015 ****61.25

0003502

DOCUMENT # 762976

1. Entity Name
THE ISLAND PLACE AT CEDAR KEY CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business
**CORNER OF 1ST & C ST
POB 687
CEDAR KEY FL 32625**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**

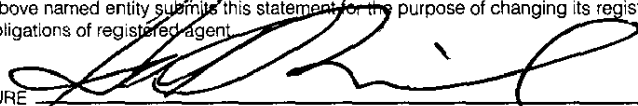


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**REID, HAL
1247 SE 3RD STREET
OCALA FL 32871**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **8-6-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STODDARD, RICHARD	
STREET ADDRESS	PO BOX 156	
CITY-ST-ZIP	RICHFORD VT 05476	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOHR, ARJA	
STREET ADDRESS	16691 ANNA STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBSON, PAGE	
STREET ADDRESS	4909 NW 27TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input type="checkbox"/> Delete
NAME	REID, HAL	
STREET ADDRESS	1247 SE 3RD STREET	
CITY-ST-ZIP	OCALA FL 32871	
TITLE	S	<input type="checkbox"/> Delete
NAME	THIBODEAU, PATRICIA	
STREET ADDRESS	16931 SW 133 STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN DYSON	
STREET ADDRESS	1004 S. WESTERN AVE.	
CITY-ST-ZIP	CHAMPAIGN IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALARIE SUSDORE	
STREET ADDRESS	16970 SE 45th CT.	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINI BARSS	
STREET ADDRESS	WHITMAN PT. #C	
CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **8-6-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)