

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763681

1. Entity Name

ISLA DEL SOL OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% BACON & BACON, P.A., ATTORNEYS AT LAW
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

% BACON & BACON, P.A., ATTORNEYS AT LAW
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713-8605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2253935

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

BACON, DAVID A.
BACON & BACON PA
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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	P FLATLEY, GEORGE 4963 BROCPA LANE S. ST PETESBRUG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOHSS, HERMAN 6105 BAHIA DEL MAR CIRCLE #882 ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JENNIFER 160-1C PINELLAS BAY WAY TIERRA VERDE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEOMBRUNO, SANDRA 5512 E. SCONDIDA BLVD ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, A. GILBERT 5633 PUERTA DEL SO ST. PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINN, DORTHEA J 6211 SUN BLVD #115E ST PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN C. LORO 6372 PALMA DEL MAR CIR 505 ST. PETE FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR JOHN AMDEO 6240 BAHIA DEL MAR CIR TH 11 ST. PETE FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRY WADIE 6365 BAHIA DEL MAR BLVD. 603J ST. PETE FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR JERRY DORSO 6287 SUN BLVD. TH7 ST PETE FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip M GOODGER 6265 SUN BLVD ST PETERSBURG FL 33715.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

+ 727-867-3639

CR2E037 (9/99)