

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90150 028 \*\*\*\*61.25

**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

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 ☐ Delete  
 NAME **P. LORD, ALAN C**  
 STREET ADDRESS **6372 PALMA DEL MAR CIR 505**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **AMODED, JOHN**  
 STREET ADDRESS **6290 BANIA DEL MAR CIR TH 11**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Change ☒ Addition  
 NAME **TREASURER KAUFMAN, STUART**  
 STREET ADDRESS **5700 ESCONDIDA BLVD #305**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE ☐ Delete  
 NAME **JOHNSON, JENNIFER**  
 STREET ADDRESS **160-1C PINELLAS BAY WAY**  
 CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D LAVOIE, TERRY**  
 STREET ADDRESS **6365 BAHIA DEL MAR BLVD 603J**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D DORSO, GERALD J**  
 STREET ADDRESS **6287M SUN BLVD 7H7**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33715**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D GOODGER, PHILIP M**  
 STREET ADDRESS **6265 SUN BLVD**  
 CITY-ST-ZIP **ST PETERSBURG FL 33715**

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:

*Stuart Kaufman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

727-866-8557

Date

Daytime Phone #

CR2E037 (9/01)