

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

2/24/03

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90955 012 \*\*\*\*61.25

**DOCUMENT # 763681**

1. Entity Name

**ISLA DEL SOL OWNERS' ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**% 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

Zip

Country

Zip

Country

4. FEI Number **59-2253935**

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

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

**FL**

Zip Code

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>LORD, ALAN C</b> <b>6372 PALMA DEL MAR CIR 505</b> <b>SAINT PETERSBURG FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KAUFMAN, STUART</b> <b>5700 ESCONDIDA BLVD, #305</b> <b>SAINT PETERSBURG, FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JOHNSON, JENNIFER</b> <b>160-1C PINELLAS BAY WAY</b> <b>TIERRA VERDE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAVOIE, TERRY</b> <b>8365 BAHIA DEL MAR BLVD 603J</b> <b>SAINT PETERSBURG FL 33715</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DORSO, GERALD J</b> <b>8287M SUN BLVD 7H7</b> <b>ST. PETERSBURG FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODGER, PHILIP M</b> <b>6265 SUN BLVD</b> <b>ST PETERSBURG FL 33715</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEORGIANA HUESTON</b> <b>5277 ISLA KEY BLVD, #220</b> <b>ST. PETERSBURG, FL 33715</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARY BERTAUSKI</b> <b>6051 SUN BLVD #508</b> <b>ST. PETERSBURG, FL 33715</b>	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

*Georgiana Hueston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/2003*  
Date

PRES.

Daytime Phone #

CR2E037 (10/02)