

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

2/24/

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

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

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

TITLE NAME **T** ☐ Delete
STREET ADDRESS **KAUFMAN, STUART**
CITY-ST-ZIP **5700 ESCONDIDA BLVD. #305 SAINT PETERSBURG FL 33715**

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

TITLE NAME **D** ☒ Delete
STREET ADDRESS **LAVOIE, TERRY**
CITY-ST-ZIP **8365 BAHIA DEL MAR BLVD 603J SAINT PETERSBURG FL 33715**

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

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

TITLE NAME **P** ☒ Change ☐ Addition
STREET ADDRESS **GEORGIANA HUESTON**
CITY-ST-ZIP **5277 ISLA KEY BLVD. #220 ST. PETERSBURG, FL 33715**

TITLE NAME **VP** ☐ Change ☒ Addition
STREET ADDRESS **MARY BERTAUSKI**
CITY-ST-ZIP **6051 SUN BLVD #508 ST. PETERSBURG, FL 33715**

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

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

TITLE NAME **VP, S** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

2/19/2003
Date

Date

Daytime Phone #

PRES.

CR2E037 (10/02)