

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769574

1. Entity Name

ISLE OF MERITT CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

FILED
Jul 18, 2000 8:00 am
Secretary of State

06-20-2000 90010 018 ***150.00

2. Principal Place of Business

595 N. COVERTWAY PKY

3. Mailing Address

121 ST. CROIX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

Zip 32953

Country USA

City & State

COCOA BEACH, FL

Zip 32931

Country USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOROTHY A. ISON
121 ST. CROIX AVE.
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name

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

SAME

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 *Dorothy A. Ison*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-8-00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

AFTER MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRES.
NAME DOROTHY A. ISON
STREET ADDRESS 121 ST. CROIX AVE.
CITY-ST-ZIP COCOA BEACH, FL 32931 ☐ Delete

TITLE DIRECTOR
NAME KIMBERLY GREEN
STREET ADDRESS 332 COUNTRY PL. DR.
CITY-ST-ZIP BOONIE, NC 28607 ☐ Delete

TITLE
NAME WILLIAM T. ISON
STREET ADDRESS 121 ST. CROIX AVE
CITY-ST-ZIP COCOA BEACH, FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Dorothy A. Ison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)