

DOCUMENT # K54090

1. Entity Name

ISLAND ESTATES REALTY, INC.

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90064 048 \*\*\*150.00

Principal Place of Business

Mailing Address

% WILLIAM KING  
110 ISLAND WAY ISLAND ESTATES  
CLEARWATER FL 34630

% WILLIAM KING  
110 ISLAND WAY ISLAND ESTATES  
CLEARWATER FL 34630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2927682

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

KING, WILLIAM  
110 ISLAND WAY ISLAND ESTATES  
CLEARWATER FL 34630

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

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, 2001 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 P  Delete  
NAME HILLER, JOANNE M.  
STREET ADDRESS 700 ISLAND WAY STE 602  
CITY-ST-ZIP CLEARWATER FL

TITLE S  Delete  
NAME KING, WILLIAM  
STREET ADDRESS 110 ISLAND WAY  
CITY-ST-ZIP CLEARWATER FL

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  Change  Addition  
NAME Hiller, Joanne M.  
STREET ADDRESS 312 Windward Island  
CITY-ST-ZIP Clearwater, FL 33767

TITLE P  Change  Addition  
NAME King, William  
STREET ADDRESS 110 Island Way  
CITY-ST-ZIP Clearwater, FL 33767

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William J King*  
WILLIAM J KING

Jan. 09. 01

Date

727.446.2657

Daytime Phone #

CR2E034 (10/00)