FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am Secretary of State DOCUMENT # N05623 1. Entity Name ISLAND CHATEAU CONDOMINIUM ASSOCIATION, INC. 02-20-2001 90050 050 ****61.25 Principal Place of Business Mailing Address 160 COLUMBIA DRIVE **†60 COLUMBIA DRIVE** TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2919957 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALMENGUAL, MARTHA 160 COLUMBIA DR #303 Zip Code **TAMPA FL 33606** FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25 Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME FLINT, JANET NAME STREET ADDRESS 160 COLUMBIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33606** Bahn Cheryl 160 Columbia De #407 PD **Z**-Oelete ☐ Change Addition TITI E TITLE NAME HEATON, JON NAME STREET ADDRESS 160 COLUMBIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Change TITLE ☐ Addition TITLE Delete ALMENGUAL, MARTHA NAME NAME STREET ADDRESS STREET ADDRESS 160 COLUMBIA DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE Addition Delete TITLE ☐ Change LOACH SUE. 160 Columbia De \$ 505 NAME LUCUS, SHIRLEY NAME STREET ADDRESS STREET ADDRESS 160 COLUMBIA DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TAMPA, FL 33606 ☐ Delete TITLE Change TITLE Addition LATTER, NETTIE M. NAME NAME STREET ADDRESS STREET ADDRESS 160 COLUMBIA DRIVE CITY-ST-ZIP City-St-7IP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: May Hap CREILIE Squal

2/15/01 (813/254-8304