# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12993

1. Entity Name

ISLEWORTH COMMUNITY ASSOCIATION, INC.

**FILED**
**May 05, 2000 8:00 am**
**Secretary of State**
05-05-2000 90001 036 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 9701 CHESTNUT RIDGE DR<br>WINDERMERE FL 34786<br>US | 9701 CHESTNUT RIDGE DR<br>WINDERMERE FL 34786-8944<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 200 SOUTH ORANGE AVE<br>Suite, Apt. #, etc.<br>2300 |
| City & State | City & State<br>ORLANDO FL |
| Zip / Country | Zip / Country<br>32801-3455 / US |

4. FEI Number 59-2780586 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| A.G.C. CO.<br>200 S. ORANGE AVE.<br>STE 2300<br>ORLANDO FL 32801-3432 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>KAY, CHRISTOPHER K<br>111 N ORANGE AVE 1800<br>ORLANDO FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>VOSS, JEFFERSON R<br>6100 DEACON DR<br>WINDERMERE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>6100 PAYNE STEWART DRIVE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>CERVENKA, LESLIE<br>5224 FAIRWAY OAKS AVE<br>WINDERMERE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E037 (9/99)

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:** SIGNATURE REQUIRED 4-24-00 407-876-5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #