

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91613 016 \*\*\*\*61.25

**DOCUMENT # N17596**

1. Entity Name

**ISLAND PLACE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DR #260  
 CLEARWATER FL 33762  
 US

CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DR #260  
 CLEARWATER FL 33762  
 US

2. Principal Place of Business

3. Mailing Address

**Rampart Properties**

**10033 9th. St. N. 2ND.FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**St. Petersburg, FL**

**St. Petersburg, FL.**

4. FEI Number

**59-2739877**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33716**

**Pinellas**

**33716**

**Pinellas**

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

CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DRIVE  
 SUITE 260  
 CLEARWATER FL 33762

Name

**Smith, Brian K.**

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

**10033 9th. St. N. 2ND.F1.**

City

**St. Petersburg**

**FL**

Zip Code  
**33716**

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

*[Handwritten Signature]*

**4-19-02**

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	<b>D</b> <b>ERICKSON, ART</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>7892 SAILBOAT KEY BLVD #4501 S PASADENA FL</b>	
TITLE NAME	<b>S</b> <b>PATZER, DARLENE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>7902 SAILBOAT KEY BLVD #508 S PASADENA FL</b>	
TITLE NAME	<b>T</b> <b>PICARD, TEAKI</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>7912 SAILBOAT KEY BLVD #4306 S PASADENA FL</b>	
TITLE NAME	<b>P</b> <b>WAHNING, HAROLD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>7912 SAILBOAT KEY BLVD #6508 S PASADENA FL</b>	
TITLE NAME	<b>D</b> <b>WRIGHT, SUSAN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>7912 SAILBOAT KEY BLVD #6507 S PASADENA FL</b>	
TITLE NAME	<b>VP</b> <b>BRYANT, ARTHUR</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>7912 SAILBOAT KEY BLVD #6405 S. PASADENA FL</b>	

TITLE NAME	<b>D</b> <b>Benson, Robert</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10033 9th. St. N. 2nd. Floor St. Petersburg, FL. 33716</b>	
TITLE NAME	<b>T</b> <b>Pätzer, William</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10033 9th. St. N. 2ND. FL. St. Petersburg, FL. 33716</b>	
TITLE NAME	<b>SD</b> <b>Picard, Teri</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10033 9th. St. N. 2nd. Fl. St. Petersburg, FL. 33716</b>	
TITLE NAME	<b>P</b> <b>Baltzell, Richard</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10033 9th. St. N. 2ND. FL. St. Petersburg, FL 33716</b>	
TITLE NAME	<b>D</b> <b>Arnold, Betty</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10033 9th. St. N. 2nd. FL St. Petersburg, FL. 33716</b>	
TITLE NAME	<b>VP</b> <b>Culp, Gary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10033 9th. St. N. 2nd. Fl. St. Petersburg, FL. 33716</b>	

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-02**

**727/363-1297**

Date

Daytime Phone #

CR2E037 (9/01)