# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**May 18, 2000 8:00 am**
**Secretary of State**
04-24-2000 90142 017 ****61.25

DOCUMENT # N23372

1. Entity Name

ISLAND TREEHOUSE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WM. J. FITZGERALD<br>2936 GULF OF MEXICO DR.<br>LONGBOAT KEY FL 34228<br>US | C/O WM. J. FITZGERALD<br>2936 GULF OF MEXICO DR.<br>LONGBOAT KEY FL 34228-2905<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2934 GULF OF MEXICO DRIVE | 2934 GULF OF MEXICO DRIVE |
| Suite, Apt. #, etc.: UNIT 'D' | Suite, Apt. #, etc.: UNIT 'D' |
| City & State: LONGBOAT KEY | City & State: LONGBOAT KEY |
| Zip: FL 34228 Country: U.S | Zip: FL 34228 Country: U.S |

4. FEI Number: 13-3462547 ☐ 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 |
|---|---|
| FITZGERALD, WILLIAM<br>2936 GULF OF MEXICO DRIVE<br>LONGBOAT KEY FL 34228 | Name: MORRISON, DEREK<br>Street Address (P.O. Box Number is Not Acceptable): 2934 GULF OF MEXICO DRIVE<br>City: LONGBOAT KEY FL Zip Code: 34228 |

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: D.R. Morrison 17th APRIL 2000

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 | VD<br>~~BARNARD, JAMES~~<br>~~2932 GULF OF MEXICO DR~~<br>~~LONGBOAD KEY FL~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~P~~<br>~~BARNARD, JAMES~~<br>~~2932 GULF OF MEXICO DR~~<br>~~LONGBOAT KEY FL 34228~~ | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>~~FEDA, ANTHONY~~<br>~~2930 GULF OF MEXICO DR~~<br>~~LONGBOAT KEY FL~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~V~~<br>~~FEDA, ANTHONY~~<br>~~2930 GULF OF MEXICO DR~~<br>~~LONGBOAT KEY FL 34228~~ | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>~~FITZGERALD, WILLIAM~~<br>~~2936 GULF OF MEXICO DRIVE~~<br>~~LONGBOAT KEY FL~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/ST D<br>WEBB-MORRISON, JULIE<br>2934 GULF OF MEXICO DR.<br>LONGBOAT KEY FL 34228 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>~~FITZGERALD, LORRAINE M~~<br>~~2936 GULF OF MEXICO DRIVE~~<br>~~LONGBOAT KEY FL~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~P~~ P-D<br>MORRISON, DEREK<br>2934 GULF OF MEXICO DR<br>LONGBOAT KEY FL 34228 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~MCKEOWN, FREDERICK~~<br>~~2934 GULF OF MEXICO DRIVE~~<br>~~LONGBOAT KEY FL~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAYWORTH, JAMES<br>2929 GULF OF MEXICO DRIVE<br>LONGBOAT KEY, FLORIDA 34228 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 17th APRIL 2000 (941) 383-5972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D.R.M. 5/11/00
DEREK MORRISON P-D