

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90007 046 ****61.25

DOCUMENT # N27988

1. Entity Name

ISLES CLUB II CONDOMINIUM ASSOCIATION, INC..

Principal Place of Business

Mailing Address

1801 JAMAICA WAY
 111 ISLES CLUB 11
 PUNTA GORDA FL 33950
 US

1801 JAMAICA WAY
 111 ISLES CLUB 11 APT 222
 PUNTA GORDA FL 33950
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0070193

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

SMITH, RUSSELL G
APT 221
1801 JAMAICA WAY
PUNTA GORDA FL 33950-5124

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

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 **PD** ☐ Delete
 NAME **SMITH, RUSSELL G**
 STREET ADDRESS **APT 221 1801 JAMAICA WY**
 CITY-ST-ZIP **PUNTA GORDA FL 33950-5124**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MASTSON, ROBERT**
 STREET ADDRESS **1801 JAMAICA WAY 222**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MATSON, MILDRED**
 STREET ADDRESS **1801 JAMAICA WAY 302**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **SMITH, RUSSELL S**
 STREET ADDRESS **1801 JAMAICA WAY 111**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **MATSON, ROBERT**
 STREET ADDRESS **1801 JAMAICA WAY 222**
 CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Russell G Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02-9416396324
 Date Daytime Phone #

CR2E037 (9/01)