

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31871**

1. Entity Name

ISLAND DUNES OCEANSIDE II CONDOMINIUM ASSOCIATIO**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90008 001 ****61.25

0083344

Principal Place of Business

**8800 S. OCEAN DR., UNIT 410
JENSEN BEACH FL 34957**

Mailing Address

**8800 S. OCEAN DR., UNIT 410
JENSEN BEACH FL 34957**

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

85-0142129

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

**O'MALLEY, JACK
8800 S OCEAN DR
JENSEN BEACH FL 34957**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'MALLEY, JACK	
STREET ADDRESS	8800 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CALCAVECCIO, DICK	
STREET ADDRESS	8800 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	TD	<input type="checkbox"/> Delete
NAME	THIEMANN, WALT	
STREET ADDRESS	8800 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, DOUG	
STREET ADDRESS	8800 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	S	<input type="checkbox"/> Delete
NAME	REAM, CHARLES	
STREET ADDRESS	8800 S. OCEAN DR., #1003	
CITY-ST-ZIP	JENSEN BEACH FL	

TITLE	DM	<input type="checkbox"/> Delete
NAME	MCINTYRE, THOMAS	
STREET ADDRESS	8800 S OCEAN DR #102	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)