

2002 UNIFORM BUSINESS REPORT (UBR)

3/18

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-18-2002 90064 023 ****61.25

DOCUMENT # N32301

1. Entity Name

**ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**ISLAND COUNTRY ESTATES
 P.O. BOX 7923
 JUPITER FL 33458
 US**

**ISLAND COUNTRY ESTATES
 P.O. BOX 7923
 JUPITER FL 33458-7923
 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

65-0122264

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

Name

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

City

FL

Zip Code

**WRIST, PETER E
 7778 SE COUNTRY ESTATES WAY
 JUPITER FL 33458**

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

Peter E. Wrist **PETER E. WRIST, Secy. Treas.**
March 2/02

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 **CURINGTON, NORMAN**
 STREET ADDRESS **18909 SE RED APPLE WAY**
 CITY-STATE-ZIP **JUPITER FL 33458-1045**

TITLE **TD** ☒ Delete
 NAME **BOBO, GERALD**
 STREET ADDRESS **8089 SE COUNTRY ESTATES WAY**
 CITY-STATE-ZIP **JUPITER FL 33458**

TITLE **SDVP** ☐ Delete
 NAME **WRIST, PETER E**
 STREET ADDRESS **7778 SE COUNTRY ESTATS WAY**
 CITY-STATE-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE **Board member** ☐ Change ☒ Addition
 NAME **LE ROSE, FRANK**
 STREET ADDRESS **7785 SE COUNTRY ESTATES WAY**
 CITY-STATE-ZIP **JUPITER, FL 33458**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter E. Wrist **PETER E. WRIST V.P. Secy Treas.**
03/02/02 **Board Member**
 Date **501.744.3107**

CR2E037 (9/01)