2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N34652 1. Entity Name ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.					FILED Apr 20, 2000 8:00 am Secretary of State			
IOLAI4D :	EOTATEO NEIGHBOHHOOD				04-20-2000 900	•		
Principal Place of Business Mailing Addy			,		04-20-2000 200	30 030 0.	1.23	
PO 80X 353338 P.O 352241 PALM COAST FL 32135 US		PO DOX 958996P-D 352241 PALM COAST FL 32135-3 958 US			(1) 2) 8) 6 1) 8) 8 1) 1	hi; BiB†i BiB(I BìB(2 B†B	111 4 14 21 1 4 8 4	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc. O BOX 352241	Suite, Apt. #, etc. PO BOX 352241			DO NOT WRITE IN THIS SPACE			
City & State		City & State PALM COAST, FL 32135		4. FEI Numbe	59-2982566	 	pplied For at Applicable	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registe	ered Agent		
			Name	- ANNON JR., F	RED			
WHITE W		N JR., FRED COAST PROPERTY MANA	AGMENT Street Add	Charact Address (FO. Boy Number in Not Assessable)				
	AST PROPERTY MAS. 7 FLOS	RIDA PARK DRIVE N., SU		PALM COAS	FROPERTY MANAG	EMEN I		
	COAST-PWY NE	COAST, FL 3 2137		7 FLORIDA P	ARK DRIVE N., SUITE			
PALM CO	AST-FL-32137		City	PALM COAS	т	FL ₂₁₃₇ Zip Cod	е	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or re		n, in the state of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	04-	01- n DATE		
FILE NOW: 9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Make Check Payable to Department of State				
10.	OFFICERS AND DIF		11.		ANGES TO OFFICERS AN	D DIRECTORS IN		
TITLE	DV	Delete	TITLE	PD PENDLETON	TEDDY	☐ Change	Addition	
NAME	AMARO, NICK			PENDLETON, TERRY P.O. BOX 352241				
STREET ADDRESS CITY-ST-ZIP	ONE CON CIENTE DINVE		STREET ADDRESS CITY-ST-ZIP	PALM COAST				
	PALM COAST FL	D p.u.		VPD	., 1 L 32133	Change	☐ Addition	
TITLE NAME	DELAUGHTER VICKI,	☐ Delete	TITLE NAME	DELAUGHTE	R. VICKI.	Change	AQQIIIGII	
STREET ADDRESS	ONE CORPORATE DR.		STREET ADDRESS	P.O. BOX 352				
CITY-ST-ZIP	PALM COAST FL-32151-		CITY-ST-ZIP	PALM COAST	Γ, FL 32135			
TITLE	DST	Delete	TITLE	DST	大学,对于对	☐ Change	Addition	
NAME	ROOT, DAVE		NAME	COLEE, STE				
STREET ADDRESS	ONE CORPORATE DR.		STREET ADDRESS	P.O. BOX 35.				
CITY-ST-ZIP	PALM COAST FL	·	CITY-ST-ZIP	_ PALM COAS	T, FL 32135			
TITLE	D COEFNBERG PORERT	☐ Delete	TITLE NAME			Change	☐ Addition	
NAME STREET ADDRESS	GREENBERG ROBERT, 106 ISLAND ESTATES PKWY		STREET ADDRESS					
CITY-ST-ZIP	PALM COAST FL 32151		CITY-ST-ZIP					
TITLE	D	Delete	TITLE			☐ Change	Addition	
NAME	HOLLEY, BARBARA	~	NAME			\$		
STREET ADDRESS	11 CAPRI COURT		STREET ADDRESS					
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP					
TITLE	D.	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	DIPERNA, COSMO		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	5 ISLAND ESTATES PWY		CITY-ST-ZIP					
	PALM COAST FL 32151 certify that the information supplied with	this filing dose not qualify to		t in Section 119 07/2V	i) Florida Statutes I furth	er certify that the i	nformation	
indicated of the col	definition and the information supplied with from this report or supplemental report is rporation or the receiver or trustee empinor or an attachment with an address,	s true and accurate and that r owered to execute this report	my signature shall hav as required by Chapt	e the same legal effec	t as it made under oath; t s; and that my name appo	nat i am an oπicer	r Block 11 if	