

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34652

1. Entity Name

ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

PO BOX 352241
PALM COAST FL 32135
US

Mailing Address

PO BOX 352241
PALM COAST FL 32135
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

59-2982566

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

ANNON, FRED JR.
%PALM COAST PROPERTY MGMT.
7 FLORIDA PARK DR. N. -STE C
PALM COAST FL 32137

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
NAME PENDLETON, TERRY
STREET ADDRESS P O BOX 352241
CITY-ST-ZIP PALM COAST FL 32135 ☐ Delete

TITLE
NAME RYERSON, JERRY
STREET ADDRESS P.O. Box 352241
CITY-ST-ZIP PALM COAST FL 32135 ☐ Change ☒ Addition

TITLE VPD
NAME DELAUGHTER, VICKI
STREET ADDRESS P O BOX 352241
CITY-ST-ZIP PALM COAST FL 32135 ☐ Delete

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

TITLE DST
NAME COLEE, STERLING D
STREET ADDRESS P O BOX 353338
CITY-ST-ZIP PALM COAST FL 32135 ☐ Delete

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

TITLE D
NAME GREENBERG ROBERT,
STREET ADDRESS 106 ISLAND ESTATES PKWY
CITY-ST-ZIP PALM COAST FL 32151 ☒ Delete

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

TITLE D
NAME DIPERNA, COSMO
STREET ADDRESS 5 ISLAND ESTATES PWY
CITY-ST-ZIP PALM COAST FL 32151 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90231 001 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)