

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37243

1. Entity Name

THE ISLAND AT SOUTHPOINTE HOMEOWNERS ASSOCIATION

Principal Place of Business

1777 GULFSTAR DRIVE SOUTH
NAPLES FL 34112
US

Mailing Address

267 N COLLIER BLVD
201
MARCO ISLAND FL 34145-3014
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Marco Island, FL

Zip

Country

Zip

34145

Country

USA

4. FEI Number

65-0186261

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

PATAS PROPERTY MGMT
267 N COLLIER BLVD
STE 201
MARCO ISLAND FL 34145

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

Denise A. Patas

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 ☐ Delete
NAME DP
STREET ADDRESS BARETT, JAMES
CITY-ST-ZIP 1480 GULFSTAR DR S
NAPLES FL 34112

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS MOYLE, GILBERT
CITY-ST-ZIP 1505 GULFSTAR DR S
NAPLES FL 34112

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS WARD, NANCY
CITY-ST-ZIP 1360 GULFSTAR DR S
NAPLES FL 34112

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

James Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

642-3700

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90087 006 ****61.25