

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37243

1. Entity Name

THE ISLAND AT SOUTHPOINTE HOMEOWNERS ASSOCIATION

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90093 010 \*\*\*\*61.25

Principal Place of Business

1777 GULFSTAR DRIVE SOUTH  
NAPLES FL 34112  
US

Mailing Address

267 N COLLIER BLVD  
201  
MARCO ISLAND FL 34145  
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

65-0186261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*Allyse A Patas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME BERRETT, JAMES ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01

944-642-3700

CR2E037 (10/00)