2001 UNIFORM BUSINESS REPORT (UBR)

DOCÚMENT # **N37243**

1. Entity Name

THE ISLAND AT SOUTHPOINTE HOMEOWNERS ASSOCIATION

Principal Plac	ce of Busines:	3	Mailing Address							
1777 GULFSTAR DRIVE SOUTH NAPLES FL 34112 US			267 N COLLIER BLVD 201 MARCO ISLAND FL 34145 US			1 (181 1)	Bi dar ijiki lädie kidii r		 Kadi adah Jubi ay	6)(2(6)(<u>1</u> 62)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Numb	^{er} 65-018626	1	—	oplied For ot Applicable
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent				
			ليوم داري ماريميسيون المهادة	Name				څخه نوه		
PATAS PROPERTY MGMT			Street Address			(P.O. Box Number is Not Acceptable)				
	DLLIER BLVI			<u> </u>		-	-			
STE 201				Ĺ <u></u>						
MARCO ISLAND FL 34145			City				-	FL	Zip Cod	e
8. The above	named entity	y submits this statement for	the purpose of changing its	registered office or	registere	d agent, or bo	oth, in the state of F	lorida.		
	$\perp \wedge$	2.	T Put	_				1 1	I_{-1}	1
SIGNATURE COMPANY TO THE SIGNATURE SIGNATURE								1116	101	
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signatur	re required w	hen reinstating)		DATE		
FILE NOW:			9. Election Campaign Financing \$		ec 00		Mai	ka Chack	Payable to	
			. *	· -	\$5.00	May Be				' <u>1</u>
	FEE IS		Trust Fund Contribu	· -	Added t	May Be o Fees			t of State	·
10.		\$61.25	Trust Fund Contribu	ition.	Added t	o Fees	D	epartmen	t of State	
10. TITLE	FEE IS	\$61.25 OFFICERS AND DIR	Trust Fund Contribu	· -	Added t	o Fees	HANGES TO OFFIC	epartmen	t of State	
TITLE NAME	DP BARETT,	\$61.25 OFFICERS AND DIR	Trust Fund Contribu	11. TITLE NAME	Added t	o Fees	D	epartmen	t of State	10
TITLE NAME STREET ADDRESS	DP BARETT, 1480 GUL	S61.25 OFFICERS AND DIR JAMES FSTAR DR S	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS	Added t	o Fees	HANGES TO OFFIC	epartmen	t of State	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARETT, 1480 GUL NAPLES I	S61.25 OFFICERS AND DIR JAMES FSTAR DR S	Trust Fund Contribu	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Added t	o Fees	HANGES TO OFFIC	epartmen	IRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BARETT, 1480 GUL NAPLES I	OFFICERS AND DIR JAMES FSTAR DR S FL 34112	Trust Fund Contribu	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Added t	o Fees	IANGES TO OFFIC	epartmen	t of State	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BARETT, 1480 GUL NAPLES I VPD MOYLE, C	SILBERT	Trust Fund Contribu	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Added t	o Fees	IANGES TO OFFIC	epartmen	IRECTORS IN Change	10 Addition
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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 others the components.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

116/01

74 642-370

Davtime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90093 010 ****61.25