

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0090051

DOCUMENT # N37243

1. Entity Name

THE ISLAND AT SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.

02-04-2002 90048 047 ****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

1300-1617 GULFSTAR DR S

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11553

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0186261

Applied For

Not Applicable

Zip

34112

Country

USA

Zip

34101

Country

USA

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

DANA RICHTER

Street Address (P.O. Box Number is Not Acceptable)

1617 GULFSTAR DRIVE S

City

NAPLES

FL

Zip Code

34112

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

Dana Richter SEC/TREAS

DANA RICHTER

1-16-02

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BERRETT, JAMES	
STREET ADDRESS	1480 GULFSTAR DR S	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOYLE, GILBERT	
STREET ADDRESS	1505 GULFSTAR DR S	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WARD, NANCY	
STREET ADDRESS	1360 GULFSTAR DR S	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS KORY	
STREET ADDRESS	1390 GULFSTAR DR S	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICH KUNZEL	
STREET ADDRESS	1515 GULFSTAR DR S	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANA RICHTER	
STREET ADDRESS	1617 GULFSTAR DR S	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dana Richter SEC/TREAS
DANA RICHTER

1-16-2002

941.732-9440

Date

Daytime Phone #

CR2E037 (9/01)