

2003 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90126 032 ****61.25

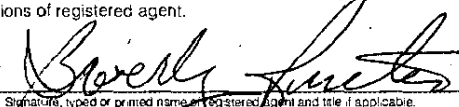
DOCUMENT # N37243	
1. Entity Name The Island At Southpointe Yacht Club Residents Assoc. Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4306 ARNOLD Ave.		3. Mailing Address P.O. Box 110339	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES FL	
Zip 34104	Country US	Zip 34108	Country US

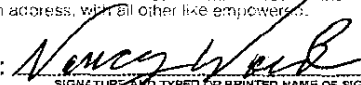
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0186261		Applied For Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Beverly Kuster		
	Street Address (P.O. Box Number is Not Acceptable) c/o Sunburst Mgmt Cop. 4306 ARNOLD Ave.		
City NAPLES		State FL	Zip Code 34104

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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 	Name Beverly Kuster		DATE 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. LAGRIFFE, JAMES 1450 GULFSTAR DR. S. NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KUNZEL, ERICH 1515 GULFSTAR DR. S. NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARD, NANCY 1360 GULFSTAR DR. S. NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 on an attachment with an address, with all other like employees.			
SIGNATURE: 	Name NANCY WARD		DATE 4/28/03 239-263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037B (12/02)