

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90071 029 ****61.25

DOCUMENT # N43242

1. Entity Name

ISLAND POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

120 S DILLARD STREET
 P O BOX 770218 (34777)
 WINTER GARDEN FL 34787

120 S DILLARD STREET
 P O BOX 770218 (34777)
 WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3110636

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROPER, BERT E
120 S DILLARD ST
WINTER GARDEN FL 34787

Name **Dallas E. Duppenhaler**

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

120 S. Dillard St

City **Winter Garden**

FL

Zip Code **34787**

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

Dallas E. Duppenhaler Sec/Treas

4/25/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROPER, BERT E	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUPPENHALER D E	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGSTROM, MARY R	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRELL, JOHN	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL	
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"/> 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		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roper, Charles	
STREET ADDRESS	120 S. Dillard Street	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cartrell, Janet	
STREET ADDRESS	1130 Chase Drive	
CITY-ST-ZIP	Winter Garden FL 34787	

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:

Dallas E. Duppenhaler

4/25/02

407-656-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)