

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90034 044 \*\*\*\*61.25

**DOCUMENT # N97000001057**

1. Entity Name

**ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

555 WINDERLEY PLACE, SUITE 420  
 MAITLAND FL 32751

PO BOX 510094  
 MELBOURNE BCH FL 32951-0094

U 2 1 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*P.O. Box 510094*

3. Mailing Address

Suite, Apt. #, etc.

*MELBOURNE BEACH*

Suite, Apt. #, etc.

City & State

*FL*

City & State

4. FEI Number

**59-3437857**

Applied For

Not Applicable

Zip

*32951-0094*

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRENN, RICHARD**  
**ALL AROUND CONDO**  
**406 AVENUE B**  
**MELBOURNE BEACH FL 32951**

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

*Richard WRENN*

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

(NOTE: Registered Agent signature required when reinstating)

*3-17-00*

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 **DV**  Delete  
 NAME **RUSHNELL, DEVON**  
 STREET ADDRESS **555 WINDERLEY PLACE, SUITE 420**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DP**  Change  Addition  
 NAME **Young, William**  
 STREET ADDRESS **P.O. Box 510094**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951-0094**

TITLE **DST**  Delete  
 NAME **IRELAND, MARY ELLEN**  
 STREET ADDRESS **555 WINDERLEY PLACE, SUITE 420**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DV**  Change  Addition  
 NAME **Kelley, Richard**  
 STREET ADDRESS **P.O. Box 510094**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951-0094**

TITLE **DP**  Delete  
 NAME **O'SULLIVAN, CHARLES**  
 STREET ADDRESS **555 WINDERLEY PLACE, SUITE 420**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DT**  Change  Addition  
 NAME **Latherow, Deborah**  
 STREET ADDRESS **P.O. Box 510094**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951-0094**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Change  Addition  
 NAME **Zucchelli, JAMES**  
 STREET ADDRESS **P.O. Box 510094**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951-0094**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: *William M. Young II* **William M. Young II** *3-17-00* **3-17-00** *(321) 777-5552* **(321) 777-5552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)