

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90129 026 ***150.00

DOCUMENT # P98000071471

1. Entity Name
ISLAND RESORTS REALTY INC.



Principal Place of Business
**1120 PINELLAS BAY DRIVE #109
TIERRA VERDE FL 33715**

Mailing Address
**1120 PINELLAS BAY DRIVE #109
TIERRA VERDE FL 33715**

30003346



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3531890**

Applied For

Not Applicable

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

**KLING, ROGER
113 1ST STREET E #203
TIERRA VERDE FL 33715**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
NICHOLSON, SHARON M
1247 34TH AVE N.
ST. PETERSBURG FL 33704** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/T/D
KLING, CAROLYN J.
113-1ST ST E #203
TIERRA VERDE, FL 33715** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

Signature of Carolyn J. Kling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

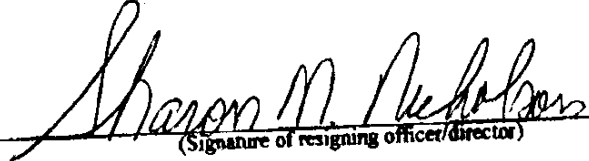
**1/13/03 727
866-8900**

CR2E034 (10/02)

Attachment

DOC # P98000071471

90003922

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**I, SHARON NICHOLSON, hereby resign as PRES/SECT
(Title)of ISLAND RESORTS REALTY INC
(Name of Corporation)P98000071471, a corporation organized under the laws of the State of
(Document Number, if known)FLORIDA
(Signature of resigning officer/director)**FILING FEE IS \$35.00****Make checks payable to Florida Department of State and mail to:**Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

*This is a copy of Resignation sent to Amendment
Section with Transmittal.*