

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90316 004 ***150.00

DOCUMENT # P99000063043

1. Entity Name
ISLAND POINTE REALTY, INC.

Principal Place of Business
7488 WHITE SANDS BLVD
NAVARRE BEACH FL 32566

Mailing Address
7488 WHITE SANDS BLVD
NAVARRE BEACH FL 32566

2. Principal Place of Business
50 Surfsong Lane
 Suite, Apt. #, etc.

3. Mailing Address
50 Surfsong Lane
 Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number
59-3588089

Applied For
 Not Applicable

Zip
32540 Country
USA

Zip
32540 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, MELISSA E
151 REGIONS WAY, SUITE 6-A
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
Johnson, Melissa E.

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

50 Corte Palma

City **Santa Rosa Beach** **FL** Zip Code **32459**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **SASSANO, MICHAEL A III**
 STREET ADDRESS **126 SOUTH SHORE DR, VILLA #34**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☒ Delete
 NAME **PROTOGERE, MICHAEL P**
 STREET ADDRESS **4547 LINCOLN RD**
 CITY-ST-ZIP **INDIANAPOLIS IN 46209**

TITLE **I** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **850-267-0623**
 Date Daytime Phone #

CR2E034 (9/01)