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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754918 (1)
1. Corporation Name
333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 333 ISLAND WAY CLEARWATER FL 34630 US
Mailing Address: P. O. BOX 3775 CLEARWATER FL 34630-8775 US

3. Date incorporated or Qualified: 10/30/1980
3a. Date of Last Report: 03/28/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2609370	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TESSIN, PATRICIA
333 ISLAND WAY
APT. 202
CLEARWATER FL 34630

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD KLIMECKY, PEGGY 333 ISLAND WAY, APT. 205 CLEARWATER FL 34630	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD TESSIN, PATRICIA 333 ISLAND WAY, APT. 202 CLEARWATER FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TVPD NAULT, MARILYN 333 ISLAND WAY, APT. 108 CLEARWATER FL	3.1 TITLE	DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	34630-2129
TITLE		4.1 TITLE	DONALD L. MATTHEWS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DP
STREET ADDRESS		4.3 STREET ADDRESS	45 LAKEWOOD ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MANASSAHS VA 08736-3508
TITLE		5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ANNE BAGLEY
STREET ADDRESS		5.3 STREET ADDRESS	333 ISLAND WAY # 207
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER FL 34630-2130
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 4-29-97 013442-0618 0124461010

CR2E037 (9/96)