

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 10/30/1980		
4. FEI Number 59-2609370	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33767-2173	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33767-8623	Country 25 Country 30
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9. Name and Address of Current Registered Agent TESSIN, PATRICIA 333 ISLAND WAY APT. 202 CLEARWATER FL 34630	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33767-430
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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 DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTHEWS, DONALD		1.2 NAME	
STREET ADDRESS 45 LAKEWOOD RD		1.3 STREET ADDRESS	
CITY-ST-ZIP MANASQUAN NJ		1.4 CITY-ST-ZIP 08736-3508	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAGLEY, ANNE		2.2 NAME	
STREET ADDRESS 333 ISLAND WAY, #207		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP 33767-2130	
TITLE DVPT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAULT, MARILYN		3.2 NAME	
STREET ADDRESS 333 ISLAND WAY, APT. 106		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME CHEYL MATTHEWS	
STREET ADDRESS		4.3 STREET ADDRESS 45 LAKEWOOD RD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MANASQUAN NJ 08736-3508	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Anne Bagley* ANNE BAGLEY Apr 98 813446-0691

CFR2E037 (10/97)