

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754918

1. Entity Name

333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90085 038 ****61.25

Principal Place of Business

Mailing Address

333 ISLAND WAY
 CLEARWATER FL 33767-2173
 US

~~P. O. BOX 3775~~
 CLEARWATER FL 33767-2173
 US

2. Principal Place of Business

3. Mailing Address

333 ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 CLEARWATER

4. FEI Number

59-2609370

Applied For

Not Applicable

Zip

Country

Zip

Country

33767-2173

PINELLAS

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

TESSIN, PATRICIA
 333 ISLAND WAY
 APT. 202
 CLEARWATER FL 33767

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP MATTHEWS, DONALD 45 LAKEWOOD RD MANASQUAN NJ 08736	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BAGLEY, ANNE 333 ISLAND WAY, #207 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT NAULT, MARILYN 333 ISLAND WAY, APT. 106 CLEARWATER FL	<input type="checkbox"/> Delete <i>Treas.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATTHEWS, CHERYL 45 LAKEWOOD ROAD MANASQUAN NJ 08736	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYNE LOREN 333 ISLAND WAY #103 CLEARWATER FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATRICIA TESSIN 333 ISLAND WAY #202 CLEARWATER, FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Secy</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: MAYNE LOREN President 4/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE