

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0003821

DOCUMENT # 754918

1. Entity Name

333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

03-20-2002 90233 038 ****61.25

Principal Place of Business

Mailing Address

333 ISLAND WAY
 CLEARWATER FL 33767-2173
 US

333 ISLAND WAY
 CLEARWATER FL 33767-2173
 US

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

59-2609370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAULT, MARILYN
333 ISLAND WAY
#106
CLEARWATER FL 33767

Name **CHERYL PETERS**

Street Address (P.O. Box Number is Not Acceptable)
333 ISLAND WAY #204

CLEARWATER,

City **FL** Zip Code **33767**

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 *Cheryl Peters* **CHERYL PETERS, PRES.**

3/6/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **SD** Delete
 NAME **PETERS, CHERYL**
 STREET ADDRESS **333 ISLAND WAY #204**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PD** Change Addition
 NAME **PETERS, CHERYL**
 STREET ADDRESS **333 ISLAND WAY #204**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **PD** Delete
 NAME **NAULT, MARILYN**
 STREET ADDRESS **333 ISLAND WAY, APT. 106**
 CITY-ST-ZIP **CLEARWATER-FL-33767**

TITLE **SD** Change Addition
 NAME **KALLY VENIZELOS**
 STREET ADDRESS **333 ISLAND WAY #201**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **TD** Delete
 NAME **BAGLEY, ANNE**
 STREET ADDRESS **333 ISLAND WAY #207**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Cheryl Peters* **CHERYL PETERS, PRES.**

3/6/2002 (727) 447-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)