


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90040 050 \*\*\*\*61.25

**DOCUMENT # 754918**  
 1. Entity Name  
**333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**333 ISLAND WAY**      **333 ISLAND WAY**  
**CLEARWATER FL 33767-2173**      **CLEARWATER FL 33767-2173**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-2609370**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PETERS, CHERYL**  
**333 ISLAND WAY**  
**#204**  
**CLEARWATER FL 33767**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_      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**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERS, CHERYL	
STREET ADDRESS	333 ISLAND WAY #204	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAGLEY, ANNE	
STREET ADDRESS	333 ISLAND WAY #207	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	SD	<input type="checkbox"/> Delete
NAME	M MAXINE, LOREN	
STREET ADDRESS	333 ISLAND WAY 103	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWARTZ, KATHRYN	
STREET ADDRESS	474 HARBOR DRIVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAUIT, MARILYN	
STREET ADDRESS	333 ISLAND WAY #106	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED BARNES	
STREET ADDRESS	333 ISLAND WAY #205	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Popi Venizelos	
STREET ADDRESS	333 ISLAND WAY #201	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 A. Peters, Pres.*      **CHERYL A. PETERS**      3-26-05      727-446-8412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #