

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90428 016 ****61.25

50018211



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



Principal Place of Business
333 ISLAND WAY
CLEARWATER, FL 33767-2173 US

Mailing Address
333 ISLAND WAY
CLEARWATER, FL 33767-2173 US

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

3. Mailing Address
 Suite, Apt. #, etc. City & State

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2609370 Applied For
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, CHERYL 333 ISLAND WAY #204 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAGLEY, ANNE M. 333 ISLAND WAY #207 CLEARWATER, FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXINE, LOREN 333 ISLAND WAY 103 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, ED 333 ISLAND WAY #205 CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENIZelos, POPI 333 ISLAND WAY #201 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERS, CHERYL 333 ISLAND WAY #204 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bo Czaicki, Bozena <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CZAIcki, BOZENA 332 HADDEN DR CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Change <input checked="" 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	D Wojciechowski, John 1 LONG COVE CT. LAKE IN THE HILLS, IL 60156 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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: Anne M. Bagley ANNE M. BAGLEY April 27, 2006 727-461-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #