


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90077 023 ****61.25

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 - No P.O. Box #			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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETERS, CHERYL 333 ISLAND WAY #204 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SIP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, CHERYL		NAME	PETERS, CHERYL	
STREET ADDRESS	533 ISLAND WAY #204		STREET ADDRESS	333 ISLAND WAY #204	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGLEY, ANNE		NAME		
STREET ADDRESS	333 ISLAND WAY #207		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIAICK, BOZENA		NAME	CIAICK, BOZENA	
STREET ADDRESS	332 HANDEN DR		STREET ADDRESS	332 HANDEN DR	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, ED		NAME		
STREET ADDRESS	333 ISLAND WAY #205		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJCIECHOWSKI, JOHN		NAME		
STREET ADDRESS	1 LONG COVE CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE IN THE HILLS, IL 60156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Anne M. Bagley, Treasurer</u>		Date: <u>3/27/07</u>		Daytime Phone #: <u>727-461-0725</u>	
ANNE M. BAGLEY, TREASURER					

