


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90020 012 ****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
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 <i>MAYINE LOREN</i> Street Address (P.O. Box Number is Not Acceptable) <i>333 ISLAND WAY #103</i> City <i>CLEARWATER</i> FL Zip Code <i>33767</i>	
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 <i>Mayine Loren D.S.</i>		DATE <i>3/31/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	SPD PETERS, CHERYL <input checked="" type="checkbox"/> Delete 333 ISLAND WAY SUITE 204 CLEARWATER BEACH, FL 33767	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAYINE LOREN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 ISLAND WAY #203 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAGLEY, ANN <input type="checkbox"/> Delete 333 ISLAND WAY #207 CLEARWATER, FL 33767	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIAICK, BOZENA <input type="checkbox"/> Delete 332 HANDEN DR. CLEARWATER BEACH, FL 33767	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CIAICK, BOZENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 332 HANDEN DR. CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, ED <input type="checkbox"/> Delete 333 ISLAND WAY #205 CLEARWATER BEACH, FL 33767	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 ISLAND WAY #205 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOJCIECHOWSKI, JOHN <input type="checkbox"/> Delete 1 LONG COVE CT LAKE IN THE HILLS, IL 60156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>KATHY NAULT</i> <input type="checkbox"/> Delete <i>333 ISLAND WAY #106</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KATHY NAULT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 ISLAND WAY #106 CLEARWATER FL 33767
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: <i>Mayine G. Loren Secy</i>		DATE: <i>3-31-08</i> 727-215-0892	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	