

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754918

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: 333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

333 ISLAND WAY  
CLEARWATER, FL 337672173 US

**New Principal Place of Business:**

**Current Mailing Address:**

333 ISLAND WAY  
CLEARWATER, FL 337672173 US

**New Mailing Address:**

FEI Number: 59-2609370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOREN, MAXINE  
333 ISLAND WAY  
103  
CLEARWATER, FL 33767 US

**Name and Address of New Registered Agent:**

BAGLEY, ANNE  
333 ISLAND WAY  
207  
CLEARWATER, FL 33767 US

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: ANNE BAGLEY

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NAULT, KATHY  
Address: 333 ISLAND WAY 106  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: TD ( ) Delete  
Name: BAGLEY, ANN  
Address: 333 ISLAND WAY #207  
City-St-Zip: CLEARWATER, FL 33767

Title: VPD ( ) Delete  
Name: CIAICK, BOZENA  
Address: 332 HANDEN DR  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: PD ( ) Delete  
Name: BARNES, ED  
Address: 333 ISLAND WAY 205  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete  
Name: WOJCIECHOWSKI, JOHN  
Address: 1 LONG COVE CT  
City-St-Zip: LAKE IN THE HILLS, IL 60156

Title: SD (X) Delete  
Name: LOREN, MAXINE  
Address: 333 ISLAND WAY 203  
City-St-Zip: CLEARWATER BEACH, FL 33767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: NAULT, KATHY  
Address: 333 ISLAND WAY 106  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LOREN, MAXINE  
Address: 5169 W625 N  
City-St-Zip: WAWAKA, IN 46797

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE BAGLEY

TRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date