

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90124 005 ****61.25

DOCUMENT # 728599

1. Entity Name

700 ISLAND WAY ASSOCIATION, INC.

Principal Place of Business

**700 ISLAND WAY
 CLEARWATER FL 34630
 US**

Mailing Address

**700 ISLAND WAY
 CLEARWATER FL 34630
 US**

2. Principal Place of Business

3. Mailing Address

Rampart Properties

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10033 9th St. N., 2nd FL

City & State

City & State

St. Petersburg, FL

4. FEI Number

59-1631204

Applied For

Not Applicable

Zip

Country

Zip

Country

33716

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMPART PROPERTIES

10033 9TH W ST. N.

SAINT PETERSBURG FL 33716

Name

Richard Zacur, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Zacur & Graham, P.A.

5200 Central Avenue

City

St. Petersburg,

FL

Zip Code

33733

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **SERRA, VERONICA**
 STREET ADDRESS **700 ISLAND WAY #1102**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Lorraine Curtis**
 STREET ADDRESS **10033 9th Street N, 2nd FL**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **VP** ☒ Delete
 NAME **DAWSON, CHUCK**
 STREET ADDRESS **700 ISLAND WAY 205**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Ana Sullivan**
 STREET ADDRESS **10033 9th Street N., 2nd FL**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **T** ☐ Delete
 NAME **CULLITON, MARY**
 STREET ADDRESS **700 ISLAND WAY, #1003**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☐ Change ☒ Addition
 NAME **Patricia Slingo**
 STREET ADDRESS **10033 9th Street N., 2nd FL**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **D** ☒ Delete
 NAME **ANDERSON, JOANNA**
 STREET ADDRESS **700 ISLAND WAY #702**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TWINING, CHERYL**
 STREET ADDRESS **441 PALM ISLAND, S.E.**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LINETSKY, LIDIA**
 STREET ADDRESS **700 ISLAND WAY #1101**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ 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:

Charal A. Zarnina President 1/22/01 442-2943
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)