


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90023 028 ****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 STERLING MANAGEMENT 2880 SCHERER DRIVE NORTH #840 SAINT PETERSBURG, FL 33716 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Sterling Management Services 2870 Scherer Drive N., Suite 100 St. Petersburg, FL 33716
City & State	City & State
Zip	Country



07052006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1631204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ZACUR, RICHARD ESQ. ZACUR & GRAHAM, P.A. 5200 CENTRAL AVENUE ST PETERSBURG, FL 33733

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHEL, JIME	NAME	
STREET ADDRESS	700 ISLAND WAY #201	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROZZA, DORIS	NAME	
STREET ADDRESS	700 ISLAND WAY #603	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATINRAZM, JACK	NAME	
STREET ADDRESS	700 ISLAND WAY, #503	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINETSKY, FELIX	NAME	
STREET ADDRESS	700 ISLAND WAY #1101	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENDLER, CHARLOTTE	NAME	D. Henry Lex
STREET ADDRESS	700 ISLAND WAY #506	STREET ADDRESS	700 Island Way #1004
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Clearwater FL 33767
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRA, MIKE	NAME	
STREET ADDRESS	700 ISLAND WAY #1102	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL	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:  Tim Rachael, President 7-5-06 727-299-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #