2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90081 025 ****61.25

DOCUMENT # 728599

1. Entity Name
700 ISLAND WAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 ISLAND WAY CLEARWATER, FL 34630 US	STERLING MANAGEMENT SERVICES 2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG, FL 33716 US

04102007 Chg-NP CR2E037 (12/06)

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 59-1631204 ☐ Applied For ☐ Not Applicable

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
ZACUR, RICHARD ESQ. ZACUR & GRAHAM, P.A. 5200 CENTRAL AVENUE ST PETERSBURG, FL 33733	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD RACHEL, JIME 700 ISLAND WAY #201 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD James Rachael 700 Island Way #201 Clearwater, FL 33767	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROZZA, DORIS 700 ISLAND WAY #603 CLEARWATER, FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judy Spaulding D 700 Island Way #204 Clearwater, FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATINRAZM, JACK 700 ISLAND WAY, #503 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINETSKY, FELIX 700 ISLAND WAY #1101 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEX, HENRY 700 ISLAND WAY SUITE 1004 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERRA, MIKE 700 ISLAND WAY #1102 CLEARWATER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Jim Rachael 4/11/07 727-299-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #