

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728599

Entity Name: 700 ISLAND WAY ASSOCIATION, INC.**Current Principal Place of Business:**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR SUITE 260
CLEARWATER, FL 33762**Current Mailing Address:**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
CLEARWATER, FL 33762 US**FEI Number:** 59-1631204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZACUR, RICHARD ESQ.
ZACUR & GRAHAM, P.A.
5200 CENTRAL AVENUE
ST PETERSBURG, FL 33733 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	VAFIADIS, JOHN
Address	CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	T
Name	WILLIAMS, HUGH
Address	CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	GALARIS, SEAN
Address	CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	SECRETARY
Name	SPAULDING, JUDY
Address	CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	SMITH, WILLIAM
Address	CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

I hereby 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 all other like empowered.

SIGNATURE: JOHN VAFIADIS

PRESIDENT

03/22/2017

Electronic Signature of Signing Officer/Director Detail_____
Date