FILE NOW: FILING FEE IS $61.25

FILED
Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739900 (9)

1. Corporation Name
736 ISLAND WAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7850 ULMERTON RD #1 LARGO FL 34641-4057	7850 ULMERTON RD #1 LARGO FL 33771-4015

3. Date Incorporated or Qualified: 08/15/1977
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1762876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MGMT.,INC.
7850 ULMERTON RD.,#2
LARGO FL 33541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CAVALIERE, TED		1.2 NAME		
STREET ADDRESS	736 ISLAND WAY #105		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RASCHER, MASON		2.2 NAME		
STREET ADDRESS	736 ISLAND WAY #1104		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAROKOPUS, WILLIAM		3.2 NAME	TSOURIS, JIM	
STREET ADDRESS	736 ISLAND WAY #1003		3.3 STREET ADDRESS	736 ISLAND WAY #502	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL	
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	RYCROFT, BOB		4.2 NAME	ZUMBAUGH, GARY	
STREET ADDRESS	736 ISLAND WAY #602		4.3 STREET ADDRESS	736 ISLAND WAY #904	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARKER, WALTER JR.		5.2 NAME		
STREET ADDRESS	736 ISLAND WAY #701		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	DIMOFF, BOB		6.2 NAME	MALAXOS, BILL	
STREET ADDRESS	736 ISLAND WAY #906		6.3 STREET ADDRESS	736 ISLAND WAY #704	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	CLEARWATER, FL	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Dorris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051561