FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

736 ISLAND WAY ASSOCIATION, INC.

FILED						
Feb	18	1998	8:00am			
Se	cre	tary o	of State			

- I (BANK) 1986 1980 1980 1984 1984 1986 1986 1986 1980 1984 1986 1986 1986 1986

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Principal Place of Business 7850 ULMERTON RD #1 LARGO FL 34641-4057		Mailir	Mailing Address 7850 ULMERTON RD #1 LARGO FL 34641-4057				3. Date Incorporated or Qualified 08/15/1977		
							4. FEI Number	Applied For	
							<u> 59-1762876</u>	Not Applicable	
Principal Place of Bu	usiness	2a. M	ailing Address				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		27 S	uite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		28	ity & State		-		7. Is this nonprofit corporation a homeowners		
33771	Country 25	29	33771	30 Co	untry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes No	
9. Nac	me and Address of Currer	il Register	ed Agent		Ţ		10. Name and Address of New Registered Ag	ent	
					81	Name			
HOLIDAY ISLES PROPERTY MGMT.,INC. 7850 ULMERTON RD.,#2 LARGO FL 33541			82	2 Street Address (P.O. Box Number is Not Acceptable) SUITE 1					
					83				
					64	0.4		7:- O-d-	

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								
Stignature, typed or protest current of registered agent and title if applicable (NOTE Registered Agent argentine required when reinstating) DATE								
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS				
TITLE	TD	DELETE	1.1 TITLE	TD	Change Addition			
NAME	CAVALIERE, TED		1.2 NAME	RICHARD BOBLENZ				
STREET ADDRESS	736 ISLAND WAY #105		1.3 STREET ADDRESS	736 ISLAND WAY #906				
CITY-S1-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER, FL				
TITLE	D	☐ DELETE	2.1 TITLE	SD	Change Addition			
NAME	rascher, Mason		2.2 NAME	DOLLY WATSON	-			
STREET ADDRESS	736 ISLAND WAY #1104		2.3 STREET ADDRESS	736 ISLAND WAY #406				
CITY-ST-ZIP_	CLEARWATER FL		2. 4 CITY - ST - ZIP	CLEARWATER, FL				
TITLE	PD	DELETE	3.1 TITLE		Change Addition			
NAME	tsouris, jim		3.2 NAME					
STREET ADDRESS	736 ISLAND WAY #502		3.3 STREET ADORESS					
CITY - ST - ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP					
TITLE	VPD	DELETE	4.1 TITLE		Change Addition			
NAME	ZUMBAUGH, GARY		4. 2 NAME					
STREET ADDRESS	736 ISLAND WAY #904		4.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY - \$T - ZIP					
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition			
NAME	BARKER, WALTER JR.		5.2 NAME					
STREET ADORESS	736 ISLAND WAY #701		5.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	 	_			
TITLE	1D	DELETE	6.1 TITLE		Change Addition			
NAME	MALAXOS, BILL		6.2 NAME					
STREET ADDRESS	736 ISLAND WAY #704		6.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP					
								

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.