

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 008 ****61.25

DOCUMENT # 739900 1. Entity Name 736 ISLAND WAY ASSOCIATION, INC.			
Principal Place of Business 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US		Mailing Address 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US	
2. Principal Place of Business 251 WINDWARD PASS Suite, Apt. #, etc. SUITE F		3. Mailing Address 251 WINDWARD PASS Suite, Apt. #, etc. SUITE F	
City & State CLEARWATER		City & State CLEARWATER	
Zip 33767		Zip 33767	
Country PINELLAS		Country PINELLAS	
4. FEI Number 59-1762876		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REARDON, MAUREEN C. 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name: <u>SHERON NICHOLS</u> Street Address (P.O. Box Number is Not Acceptable): <u>251 WINDWARD PASS, S.F.</u> City: <u>CLEARWATER</u> FL Zip Code: <u>33767</u>	
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: <u><i>[Signature]</i></u> Signature, typed or printed name of registered agent and title if applicable <u>2-24-06</u> DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BOBLINZ, RICHARD STREET ADDRESS: 736 ISLAND WAY #906 CITY-ST-ZIP: CLEARWATER, FL 33767	☐ Delete	TITLE: <u>DT</u> NAME: <u>[Blank]</u> STREET ADDRESS: <u>[Blank]</u> CITY-ST-ZIP: <u>[Blank]</u>	☒ Change ☐ Addition
TITLE: TD NAME: BEISEL, WALTER STREET ADDRESS: 736 ISLAND WAY #806 CITY-ST-ZIP: CLEARWATER, FL 33767	☒ Delete	TITLE: <u>DVP</u> NAME: <u>BILL CLARKE</u> STREET ADDRESS: <u>736 ISLAND WAY #1205</u> CITY-ST-ZIP: <u>CLEARWATER, FL 33767</u>	☒ Change ☒ Addition
TITLE: D NAME: TROYAN, GARY STREET ADDRESS: 736 ISLAND WAY #501 CITY-ST-ZIP: CLEARWATER, FL 33767	☐ Delete	TITLE: <u>[Blank]</u> NAME: <u>[Blank]</u> STREET ADDRESS: <u>[Blank]</u> CITY-ST-ZIP: <u>[Blank]</u>	☐ Change ☐ Addition
TITLE: VD NAME: COOK, MARTIN STREET ADDRESS: 736 ISLAND WAY #306 CITY-ST-ZIP: CLEARWATER, FL 33767	☐ Delete	TITLE: <u>DP</u> NAME: <u>[Blank]</u> STREET ADDRESS: <u>[Blank]</u> CITY-ST-ZIP: <u>[Blank]</u>	☒ Change ☐ Addition
TITLE: SD NAME: WAIRD, BETTY STREET ADDRESS: 736 ISLAND WAY, #206 CITY-ST-ZIP: CLEARWATER, FL 33767	☐ Delete	TITLE: <u>[Blank]</u> NAME: <u>[Blank]</u> STREET ADDRESS: <u>[Blank]</u> CITY-ST-ZIP: <u>[Blank]</u>	☐ Change ☐ Addition
TITLE: D NAME: LEE, GAIL STREET ADDRESS: 736 ISLAND WAY, #102 CITY-ST-ZIP: CLEARWATER, FL 33767	☒ Delete	TITLE: <u>[Blank]</u> NAME: <u>[Blank]</u> STREET ADDRESS: <u>[Blank]</u> CITY-ST-ZIP: <u>[Blank]</u>	☐ 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: <u><i>Martin C. Cook</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/3/06</u> Date	
Daytime Phone #			

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