


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90020 012 ****61.25

DOCUMENT # 754918 1. Entity Name 333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 ISLAND WAY CLEARWATER, FL 33767-2173 US			Mailing Address 333 ISLAND WAY CLEARWATER, FL 33767-2173 US		
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 59-2609370	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERS, CHERYL <i>CHANGE</i> 333 ISLAND WAY #204 CLEARWATER, FL 33767				7. Name and Address of New Registered Agent Name MAYNE LOREN Street Address (P.O. Box Number is Not Acceptable) 333 ISLAND WAY #103 City CLEARWATER FL Zip Code 33767	
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 <i>Maryne Loren</i> D.S. 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPD PETERS, CHERYL <input checked="" type="checkbox"/> Delete 333 ISLAND WAY SUITE 204 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAGLEY, ANN <input type="checkbox"/> Delete 333 ISLAND WAY #207 CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIAICK, BOZENA <input type="checkbox"/> Delete 332 HANDEN DR CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, ED <input type="checkbox"/> Delete 333 ISLAND WAY #205 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOJCIECHOWSKI, JOHN <input type="checkbox"/> Delete 1 LONG COVE CT LAKE IN THE HILLS, IL 60156				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>KATHY NAULT</i> <input type="checkbox"/> Delete 333 ISLAND WAY #106				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAYNE LOREN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 ISLAND WAY #203 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP D CIAICK, BOZENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 332 HANDEN DR CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 ISLAND WAY #205 CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KATHY NAULT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 ISLAND WAY #106 CLEARWATER FL 33767				
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: <i>Maryne Loren Secy</i> 3-31-08 727-215-0872 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					