

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754918

FILED
Feb 23, 2009
Secretary of State

Entity Name: 333 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

333 ISLAND WAY
CLEARWATER, FL 337672173 US

New Principal Place of Business:

Current Mailing Address:

333 ISLAND WAY
CLEARWATER, FL 337672173 US

New Mailing Address:

FEI Number: 59-2609370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOREN, MAXINE
333 ISLAND WAY
103
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

BAGLEY, ANNE
333 ISLAND WAY
207
CLEARWATER, FL 33767 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: ANNE BAGLEY

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAULT, KATHY
Address: 333 ISLAND WAY 106
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: TD () Delete
Name: BAGLEY, ANN
Address: 333 ISLAND WAY #207
City-St-Zip: CLEARWATER, FL 33767

Title: VPD () Delete
Name: CIAICK, BOZENA
Address: 332 HANDEN DR
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: PD () Delete
Name: BARNES, ED
Address: 333 ISLAND WAY 205
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: WOJCIECHOWSKI, JOHN
Address: 1 LONG COVE CT
City-St-Zip: LAKE IN THE HILLS, IL 60156

Title: SD (X) Delete
Name: LOREN, MAXINE
Address: 333 ISLAND WAY 203
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: NAULT, KATHY
Address: 333 ISLAND WAY 106
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOREN, MAXINE
Address: 5169 W625 N
City-St-Zip: WAWAKA, IN 46797

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNE BAGLEY

TRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date