

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002734

1. Entity Name
**ISLAND TOWNHOMES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**158 117TH AVENUE
TREASURE ISLAND, FL 33706**

Mailing Address
**158 117TH AVENUE
TREASURE ISLAND, FL 33706**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**WOLFREY, DON
158 117TH AVENUE
TREASURE ISLAND, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOLFREY, DON
STREET ADDRESS 158 117TH AVENUE
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE VD
NAME ARREDONDO, ED
STREET ADDRESS 154 117TH AVE
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE TD
NAME WOLFREY, JOANNE
STREET ADDRESS 158 117TH AVE
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE SD
NAME GUY, PHILIP
STREET ADDRESS 152 117TH AVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000174332
01/10/05-80005-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Don Wolfrey **Don Wolfrey** 1-3-05 (727) 363-6875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #