

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90010 015 \*\*\*\*61.25

**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**



01032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
GUY, PHILIP  
152 117TH AVE  
TREASURE ISLAND, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
NASSIF, GERRY  
9311 BLIND PASS RD  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
SFERRA, SCANNON  
158 117TH AVE  
TREASURE ISLAND, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Don Wolfrey* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-08 (727) 363-6875**

Date

Daytime Phone #