

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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90262 001 \*\*\*\*61.25

**DOCUMENT # N11149**

1. Entity Name  
**ISLAND BAY TOWNHOUSES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**2129 DREW ST.  
CLEARWATER, FL 34625**

Mailing Address  
**2129 DREW ST.  
CLEARWATER, FL 34625**

**DO NOT WRITE IN THIS SPACE**



01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2425795**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONSTANTINOU, CHRIS  
2129 DREW ST.  
CLEARWATER, FL 34625**

**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, 2005**

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	DP CONSTANTINOU, CHRIS 2129 DREW ST. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CONSTANTINOU, DINO 2129 DREW ST. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CONSTANTINOU, MARIO 1351 MAIN ST. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*CHRIS CONSTANTINOU* 4-20-05 727-447-1733