FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28603 (1)

1. Corporation Name
650 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2753 STATE RD 580 #207 CLEARWATER FL 34621 US	2753 S.R. 580 207 CLEARWATER FL 34621-3345 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1988
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2936648 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

REARDON, MAUREEN C CPM
PROGRESSIVE MANAGEMENT, INC.
2753 S.R. 580, SUITE 207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HALIL, CELGIN D	1.2 NAME		
STREET ADDRESS	650 ISLAND WAY #801	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SCHWARZ, DICK	2.2 NAME	LANDO, HAROLD	
STREET ADDRESS	650 ISLAND WAY #707	2.3 STREET ADDRESS	650 ISLAND WAY #701	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	SD	3.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	CLAYTON, BOB	3.2 NAME		
STREET ADDRESS	650 ISLAND WAY $303	3.3 STREET ADDRESS	650 ISLAND WAY #303	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BLOOM, JOHN D D.	4.2 NAME	MORINE, RICHARD	
STREET ADDRESS	650 ISLAND WAY #802	4.3 STREET ADDRESS	650 ISLAND WAY #101	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SPURLOCK, CAROL	5.2 NAME	GILLIN, GEORGE	
STREET ADDRESS	1913 LAMBERT LANE	5.3 STREET ADDRESS	650 ISLAND WAY #405	
CITY-ST-ZIP	MUNSTER IN	5.4 CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Clayton Bob Clayton 02/08/95 443-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010077