

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **09/26/1988** 3a. Date of Last Report **02/17/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE
TITLE **VD**
NAME **HALIL, CELGIN D**
STREET ADDRESS **650 ISLAND WAY #801**
CITY-ST-ZIP **CLEARWATER FL**
TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **LANDO, HAROLD**
CITY-ST-ZIP **650 ISLAND WAY #701**
CLEARWATER FL
TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **CLAYTON, BOB**
CITY-ST-ZIP **650 ISLAND WAY #303**
CLEARWATER FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MORINE, RICHARD**
CITY-ST-ZIP **650 ISLAND WAY #101**
CLEARWATER FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GILLIN, GEORGE**
CITY-ST-ZIP **650 ISLAND WAY #405**
CLEARWATER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **V/D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Robert A. Clayton Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/96 443-7017
Date Daytime Phone #

CR2E037 (12/95)