

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90015 012 ****61.25

DOCUMENT # N28603

1. Entity Name

650 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

302 BRANDYWINE DR.
LARGO FL 33771
US

Mailing Address

P.O BOX 3007
CLEARWATER FL 34630
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2936648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLIDAY, J ARDEN
302 BRANDYWINE DR.
2750 S.R. 580, SUITE 207
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

J. ARDEN - HOLIDAY

Street Address (P.O. Box Number is Not Acceptable)

302 BRANDYWINE - DR

City

LARGO - FL.

FL

Zip Code

33771

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	HALIL, CELGIN D	
STREET ADDRESS	650 ISLAND WAY #801	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	☒ Delete
NAME	BAGLIERE, JOSEPH	
STREET ADDRESS	650 ISLAND WAY 703	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	PD	☒ Delete
NAME	CLAYTON, NORMA	
STREET ADDRESS	650 ISLAND WAY 303	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	☒ Delete
NAME	MAGLIO, MAUREEN	
STREET ADDRESS	650 ISLAND WAY 302	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	☒ Delete
NAME	SOBY, DAVID	
STREET ADDRESS	650 ISLAND WAY - 101	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	☒ Change ☐ Addition
NAME	DAVID - SOBY	
STREET ADDRESS	650 Island Way # 101	
CITY-ST-ZIP	CLEARWATER - FL - 33767	
TITLE	T.D.	☒ Change ☐ Addition
NAME	GEORGE - GILLIN	
STREET ADDRESS	650 Island Way # 405	
CITY-ST-ZIP	CLEARWATER - FL - 33767	
TITLE	S.D.	☒ Change ☐ Addition
NAME	LEE - MANCIA	
STREET ADDRESS	650 Island Way - 706	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	VP-D	☒ Change ☐ Addition
NAME	THOMAS - DOWNS	
STREET ADDRESS	650 Island Way # 404	
CITY-ST-ZIP	CLEARWATER FL - 33767	
TITLE	D	☒ Change ☐ Addition
NAME	JAMES - MAGLIO	
STREET ADDRESS	650 Island Way # 302	
CITY-ST-ZIP	CLEARWATER FL - 33767	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

GEORGE - GILLIN - 4/28/01

Date

Daytime Phone #

CR2E037 (10/00)