

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90064 044 ****61.25

DOCUMENT # N28603

1. Entity Name

650 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

251 WINDWARD PASSAGE
SUITE F
CLEARWATER BEACH FL 33767
US

Mailing Address

251 WINDWARD PASSAGE
SUITE F
CLEARWATER BEACH FL 33767
US

94038107



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

NICHOLS, SHERON
251 WINDWARD PASSAGE
SUITE F
CLEARWATER BEACH FL 33767

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME EISELEIN, FRED
STREET ADDRESS 650 ISLAND WAY 803
CITY-ST-ZIP CLEARWATER FL 33767

TITLE TD ☐ Delete
NAME GILLIN, GEORGE
STREET ADDRESS 650 ISLAND WAY #405
CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD ☐ Delete
NAME MANCIA, LEE
STREET ADDRESS 650 ISLAND WAY #706
CITY-ST-ZIP CLEARWATER FL 33767

TITLE PD ☒ Delete
NAME DOWNES, THOMAS
STREET ADDRESS 650 ISLAND WAY #404
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☒ Delete
NAME MAGLIO, JAMES
STREET ADDRESS 650 ISLAND WAY #302
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME *Fred Eiselin*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME MILLIE HAYN
STREET ADDRESS 650 ISLAND WAY #702
CITY-ST-ZIP CLEARWATER, FL. 33767

TITLE D ☐ Change ☒ Addition
NAME RITA GILLIN
STREET ADDRESS 650 ISLAND WAY #405
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

Date

Daytime Phone #