

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90035 008 ****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

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

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UPD
STEVE DUND
650 ISLAND WAY #404
CLEARWATER, FL 33767 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILLIN, RITA
650 ISLAND WAY #405
CLEARWATER FL 33767 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STEVE NALEY
650 ISLAND WAY #801
CLEARWATER, FL 33767 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/05