2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90205 034 ***236.25

DOCUMENT # N28603

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

Principal Place of Business	Mailing Address
302 BRANDYWINE DR. LARGO FL 33771 US	P.O BOX 3007 CLEARWATER FL 34630 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
251 WINDWARD PASSAGE	251 WINDWARD PASSAGE
Suite, Apt. #, etc.: SUITE F	Suite, Apt. #, etc.: SUITE F
City & State: CLEARWATER	City & State: CLEARWATER
Zip: 33767 Country: USA	Zip: 33767 Country: USA

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
HOLIDAY, J ARDEN 302 BRANDYWINE DR. 2753 S.R. 580, SUITE 207 LARGO FL 33771	Name: SHERON NICHOLS Street Address (P.O. Box Number is Not Acceptable): 251 WINDWARD PASSAGE SUITE F City: CLEARWATER FL Zip Code: 33767

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: Sheron Nichols

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

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	D SOBY, DAVID 650 ISLAND WAY #101 CLEARWATER FL 33767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRED EISELEIN 650 ISLAND WAY 803 CLEARWATER, FL. 33767	☐ 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		☐ 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	PD DOWNES, THOMAS 650 ISLAND WAY #404 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAGLIO, JAMES 650 ISLAND WAY #302 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: [illegible] 5/8/2003