2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2017
Secretary of State
CC1620020539

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Entity Name: 736 ISLAND WAY ASSOCIATION, INC.

Current Principal Place of Business:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
ST PETERSBURG, FL 33716

Current Mailing Address:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
ST PETERSBURG, FL 33716 US

FEI Number: 59-1762876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANNION, ELIZABETH
1150 CLEVELAND ST.
CLEARWATER, FL 33755 US

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: ELIZABETH MANNION 03/27/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	NIXON, MARK	Name	LEAR, BOB
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	ST PETERSBURG FL 33716
Title	DIRECTOR	Title	TREASURER, VP
Name	PROSSICK, MIKE	Name	BOBLENZ, RICHARD
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	ST PETERSBURG FL 33716
Title	D	Title	DIRECTOR
Name	HALPERN, MIKE	Name	KELLERT, BOB
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	ST PETERSBURG FL 33716
Title	DIRECTOR		
Name	ROGOVE, WILLIAM		
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR. N SUITE 100		
City-State-Zip:	ST PETERSBURG FL 33716		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK NIXON PRESIDENT 03/27/2017

Electronic Signature of Signing Officer/Director Detail — Date