

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739900

Entity Name: 736 ISLAND WAY ASSOCIATION, INC.**Current Principal Place of Business:**736 ISLAND WAY
CLEARWATER, FL 33767**Current Mailing Address:**P.O. BOX 1294
TARPON SPRINGS, FL 34688 US**FEI Number:** 59-1762876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANKLY COASTAL PROPERTY MGMT, LLC
1400 LAKE TARPON AVE
TARPON SPRINGS, FL 34689 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:** LYNN M PARRISH

01/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SULLIVAN, JANET
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title D/P
Name NIXON, MARK
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title D/T
Name BOBLENZ, RICHARD
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title D
Name ROGROVE, WILLIAM
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title D
Name KELLERT, BOB
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title D/VP
Name BOOZAN, TIMMY L
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title D/S
Name BLOCK, SANDRA R.
Address P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

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

01/13/2022

Electronic Signature of Signing Officer/Director Detail

Date