

**2023 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

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title SECRETARY  
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:** WILLIAM ROGOVE

PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date