

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17596

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC0730859867**

**Entity Name:** ISLAND PLACE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 SUN BLVD  
SUITE 103  
SAINT PETERSBURG, FL 33715

**Current Mailing Address:**

5901 SUN BLVD  
SUITE 103  
SAINT PETERSBURG, FL 33715 US

**FEI Number: 59-2739877**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANNE M MALLEY PA  
5901 SUN BLVD  
SUITE 103  
SAINT PETERSBURG, FL 33715 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: NATALE ABRUZZO**

**04/19/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           ABRUZZO, NATALE  
Address        5901 SUN BLVD  
                  SUITE 103  
City-State-Zip: SAINT PETERSBURG FL 33715

Title           TREASURER  
Name           SANG, ROBERT  
Address        5901 SUN BLVD  
                  SUITE 103  
City-State-Zip: SAINT PETERSBURG FL 33715

Title           SECRETARY  
Name           FERNANDEZ, DIANA  
Address        5901 SUN BLVD  
                  SUITE 103  
City-State-Zip: SAINT PETERSBURG FL 33715

Title           VP  
Name           WROBLEWSKI, WILLIAM  
Address        5901 SUN BLVD  
                  SUITE 103  
City-State-Zip: SAINT PETERSBURG FL 33715

Title           DIRECTOR  
Name           MEISTER, TERRY  
Address        5901 SUN BLVD  
                  SUITE 103  
City-State-Zip: SAINT PETERSBURG FL 33715

Title           DIRECTOR  
Name           SZUKICS, FRANK  
Address        5901 SUN BLVD  
                  SUITE 103  
City-State-Zip: SAINT PETERSBURG FL 33715

*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: NATALE ABRUZZO**

**PRESIDENT**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date