

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

2-15-95 B-1246-C

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PH 3:13

DOCUMENT # 744008 (4)

1. Corporation Name
51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
HOLIDAY ISLES PROPERTY MGMT
7350 ULMERTON RD STE 1
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1978
3a. Date of Last Report 04/21/1994
4. FEI Number 59-1849919
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLIDAY ISLES PROPERTY MGMT
7850 ULMERTON RD STE 1
2014 DREW ST STE 3
LARGO FL 34641

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	HUFFORD, ROBERT
STREET ADDRESS	51 ISLAND WAY 602
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD
NAME	SMITH, JUNE
STREET ADDRESS	51 ISLAND WAY #509
CITY-ST-ZIP	CLEARWATER FL
TITLE	PD
NAME	ALFICH, EDWARD
STREET ADDRESS	51 ISLAND WAY 800
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	P
NAME	DURSHORDWE WILLIAM
STREET ADDRESS	51 ISLAND WAY #305
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	KALEBICH, FRANK
STREET ADDRESS	51 ISLAND WAY #811
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rita Dutter	
1.3 STREET ADDRESS	51 Island Way 1102	
1.4 CITY-ST-ZIP	Clearwater FL 34630	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marian Ervin	
2.3 STREET ADDRESS	51 Island Way 707	
2.4 CITY-ST-ZIP	Clearwater, FL 34630	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Kalebich V.P. 2/15/95 446-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK KALEBICH