

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90174 003 \*\*\*\*61.25

DOCUMENT # **744008**  
 1. Entity Name  
**SI-Island Way Condominium Assoc, Inc**



Principal Place of Business Mailing Address

**66022498**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address  
**2880-Scherer Dr. N.**  
 Suite, Apt. #, etc. **#240**

City & State **St. Petersburg, FL**  
 Zip **33716** Country

4. FEI Number **591849918** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **Michael Brudny**  
 Street Address (P.O. Box Number is Not Acceptable) **20100-Us 17 N.**  
**#300**  
 City **Clearwater** FL Zip Code **33761**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE **Michael Brudny** DATE **4/25/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW - FEE IS \$61.25 Due By: May 1, 2005  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P. Irma Esperson</b>
STREET ADDRESS	<b>SI-Island Way # 1110</b>
CITY-ST-ZIP	<b>Clearwater, FL 33767</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP. Jack Parodi</b>
STREET ADDRESS	<b>SI-Island Way # 902</b>
CITY-ST-ZIP	<b>Clearwater, FL 33767</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S/T William Duerthorpe</b>
STREET ADDRESS	<b>SI-Island Way # 505</b>
CITY-ST-ZIP	<b>Clearwater, FL 33767</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D. Peter Wierma</b>
STREET ADDRESS	<b>SI-Island Way # 1005</b>
CITY-ST-ZIP	<b>Clearwater, FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: **[Signature]** DATE **4/26/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR