


151 **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 041 ****61.25

DOCUMENT # 744008

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



Principal Place of Business
**HOLIDAY ISLES PROPERTY MGMT
 7350 ULMERTON RD STE T
 LARGO FL 33771**

Mailing Address
**2870
 2888 SCHERER DRIVE N
 #840
 SAINT PETERSBURG FL 33716
 US**



2. Principal Place of Business
2870 Scherer Dr, N

3. Mailing Address
2870 Scherer Dr N.

Suite, Apt. #, etc. **#100**

City & State
St Petersburg FL

City & State
St Petersburg FL

Zip **FL 33716** Country **Florida**

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4. FEI Number **59-1849919**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUDNY, MICHAEL
 20700 US 19 N
 #300
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**200 NORTH PINE AVE
 SUITE A**

City **Oldsmar** FL Zip Code **34677**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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 | P | <input type="checkbox"/> Delete |
| NAME | FERGUSON, ERMA | |
| STREET ADDRESS | 51 ISLAND WAY, #1110 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | PARODI, JACK | |
| STREET ADDRESS | 51 ISLAND WAY #902 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WIERSMA, PETER | |
| STREET ADDRESS | 51 ISLAND WAY #1005 | |
| CITY-ST-ZIP | CLEARWATER BEACH FL 33767 | |
| TITLE | SR | <input type="checkbox"/> Delete |
| NAME | DURSHORDWE, WILLIAM | |
| STREET ADDRESS | 51 ISLAND WAY #505 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, ERMA | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OTTILLIE, BARBARA | |
| STREET ADDRESS | 51 Island Way #502 | |
| CITY-ST-ZIP | Clearwater Beach FL 33767 | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANE, ADAM | |
| STREET ADDRESS | 51 ISLAND WAY #210 | |
| CITY-ST-ZIP | Clearwater Beach FL 33767 | |
| 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 exemptions contained in Section 119, 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 information.

SIGNATURE: Erma P. Ferguson 4/6/06 727-447-6075