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# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90011 027 \*\*\*\*61.25

<b>DOCUMENT # 744008</b>					
1. Entity Name 51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2870 SCHERER DR, N SUITE 100 SAINT PETERSBURG, FL 33716			Mailing Address 2870 SCHERER DR, N SUITE 100 SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1849919	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUDNY, MICHAEL 200 NORTH PINE AVE SUITE A OLDSMAR, FL 34677			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	ROBERT TROUT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, ERMA			NAME	140 ISLAND WAY #167
STREET ADDRESS	51 ISLAND WAY, #1110			STREET ADDRESS	CLEARWATER, FL 33767
CITY-ST-ZIP	CLEARWATER, FL 33767			CITY-ST-ZIP	
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	JOE PETRUCCI DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTTILLIE, BARBARA			NAME	51 ISLAND WAY #102
STREET ADDRESS	51 ISLAND WAY #502			STREET ADDRESS	CLEARWATER FL 33767
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	
TITLE	LANE, ADAM	<input type="checkbox"/> Delete		TITLE	SYLVANA GARABELI DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	51 ISLAND WAY #210			NAME	51 ISLAND WAY #1107
STREET ADDRESS	CLEARWATER BEACH, FL 33767			STREET ADDRESS	CLEARWATER, FL 33767
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	SR	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	DURSHORDWE, WILLIAM			NAME	
STREET ADDRESS	51 ISLAND WAY #505			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33767			CITY-ST-ZIP	
TITLE	VP PRES	<input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, JOE			NAME	
STREET ADDRESS	51 ISLAND WAY #807			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.					
SIGNATURE: <i>Ray 2 J...</i>				Date: 2/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 571-275-8980	