

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744008

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: 51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2870 SCHERER DR, N  
SUITE 100  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

2870 SCHERER DR, N  
SUITE 100  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

FEI Number: 59-1849919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRUDNY, MICHAEL  
200 NORTH PINE AVE  
SUITE A  
OLDSMAR, FL 34677 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: TROUT, ROGER  
Address: 140 ISLAND WAY 167  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete  
Name: PETRYCCI, JOE  
Address: 51 ISLAND WAY 102  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: T ( ) Delete  
Name: LANE, ADAM  
Address: 51 ISLAND WAY #210  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete  
Name: GARABELI, SYLVANA  
Address: 51 ISLAND WAY 1107  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP (X) Delete  
Name: VITALE, JOE  
Address: 51 ISLAND WAY #807  
City-St-Zip: CLEARWATER BEACH, FL 33767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LAPORTE, NATALIE  
Address: 51 ISLAND WAY 701  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: P (X) Change ( ) Addition  
Name: LANE, ADAM  
Address: 51 ISLAND WAY 210  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: S (X) Change ( ) Addition  
Name: GARABELI, SYLVANA  
Address: 51 ISLAND WAY 1107  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAUREEN CONNOLLY

MGR

03/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date