

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744008

FILED  
Apr 20, 2010  
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:**

2870 SCHERER DR N.  
STE. 100  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

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

**New Mailing Address:**

2870 SCHERER DR N.  
STE. 100  
SAINT PETERSBURG, FL 33716

**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  
Name: TROUT, ROGER  
Address: 140 ISLAND WAY 167  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: P  
Name: LAPORTE, NATALIE  
Address: 51 ISLAND WAY 701  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP  
Name: WIERSMA, PETER  
Address: 51 ISLAND WAY 1005  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: S  
Name: VITALE, JOE  
Address: 34 LONGSHANK CIRCLE  
City-St-Zip: E FALMOUTH, MA 02536

I hereby 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 all other like empowered.

SIGNATURE: CHRIS ENCINIAS

LCAM

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date