

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 744008

Entity Name: 51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

FILED
Oct 07, 2014
Secretary of State
CC2193135510

Current Principal Place of Business:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
SAINT PETERSBURG, FL 33716

Current Mailing Address:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
SAINT PETERSBURG, FL 33716 US

FEI Number: 59-1849919

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HATHORN, ANNE
1511 N. WESTSHORE BLVD.
1000
TAMPA, FL 34607 US

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: ANNE HATHORN

10/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LAPORTE, NATALIE
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name NAGY, JOHN
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title TREASURER, VP
Name BARTH, CARL
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name STAMAS, STEVE
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title PRESIDENT
Name MORAN, MARYELLEN
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name REINHARDT, MARY
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name EVOE, FREEDA
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name KLOCZKOWSKI, WITOLD
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716

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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: MARYELLEN MORAN

COMMUNITY ASSOCIATION 10/07/2014
MANAGER

Officer/Director Detail Continued :

Title SECRETARY
Name SPAGNOLO, SANDY
Address 2870 SCHERER DRIVE N., STE. 100
City-State-Zip: SAINT PETERSBURG FL 33716