

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744008

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC7114476764**

**Entity Name:** 51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

**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:**

ANNE HATHORN LEGAL SERVICES LLC  
150 2ND AVENUE NORTH  
SUITE 1270  
ST. PETERSBURG, FL 33701 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

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name LAPORTE, NATALIE  
Address 51 ISLAND WAY  
ATTN: OFFICE  
City-State-Zip: CLEARWATER FL 33767

Title TREASURER  
Name BARTH, CARL  
Address 51 ISLAND WAY  
ATTN: OFFICE  
City-State-Zip: CLEARWATER FL 33767

Title PRESIDENT  
Name MORAN, MARYELLEN  
Address 51 ISLAND WAY  
ATTN: OFFICE  
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR  
Name REINHARDT, MARY  
Address 51 ISLAND WAY  
ATTN: OFFICE  
City-State-Zip: CLEARWATER FL 33767

Title SECRETARY  
Name DAVIES, THOMAS  
Address 51 ISLAND WAY  
ATTN: OFFICE  
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR  
Name SWENSON, BARBARA  
Address 51 ISLAND WAY  
ATTN OFFICE  
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR  
Name HAUDRICOURT, AUBREY  
Address 51 ISLAND WAY  
ATTN: OFFICE  
City-State-Zip: CLEARWATER FL 33767

*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

PRESIDENT

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date