FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744008

(4)

51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address		T AND FADALL BADAL
HOLIDAY ISLES PROPERTY MGMT 7350 ULMERTON RD STE 1 LARGO FL 34641		HOLIDAY ISLES PROPERTY MGMT 7350 ULMERTON RD STE 1 LARGO FL 33771-4811		
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
******	lace of Business	2a. Mailing Address		4. FEI Number Applied For 59-1849919 Not Applicable
21 Suite, Apt.	# ala	Suite, Apt. #, etc.		Not Applicable
22		27		5. Certificate of Status Desired
City & State		City & State		Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zp	Country	Trust Fund Contribution L.J Added to Fees
24	25	 	30	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No
[24]	9. Name and Address of Curren		301	10. Name and Address of New Registered Agent
81 Name				
HOLIDAY	ISLES PROPERTY MGMT		82 Street	t Address (P.O. Box Number is Not Acceptable)
7850 ULMERTON RD STE 1				Thousas (1.5, box harrison is not hopeplastic)
2014 DREW ST STE 3				
LARGO I	FL 34641		84 City	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE .	Signature, typed or printed name of registered age	ant and tille if accleable (NOTE	Basishard Appet signal	re required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	☐ DELETE	1.1 TITLE	Change Addition
NAME	DUTTER, RITA		1.2 NAME	
STREET ADDRESS	51 ISLAND WAY 1102		1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP	:
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	HURDEY, MICHAEL		2.2 NAME	
STREET ADDRESS	51 ISLAND WAY #1111		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	CLEARWATER FL D	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	ALFICH, EDWARD		3.2 NAME	
STREET ADDRESS	51 ISLAND WAY 800		3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000		3.4. CITY-ST-ZiP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POND, RONALD G		4. 2 NAME	
STREET ADDRESS	51 ISLAND WAY #104		4.3 STREET ADDRESS	:
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KALEBICH, FRANK		5.2 NAME	
STREET ADDRESS	51 ISLAND WAY #811 CLEARWATER FL		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	OLLANIMILN FL	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		- Prefit	6.2 NAME	FT Overâge FT variation
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CiTY-ST-ZIP	
14. I do hereb	by certify that the information supplied	d with this filing does not qualify	for the exemption	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.				
appears in block 12 or block 13 if changed, or on an attachment with an address.				

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF DIRECTOR OF DIRE