

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744008

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

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**9036574061CC**

**Current Principal Place of Business:**

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**FEI Number:** 59-1849919

**Certificate of Status Desired:** No

**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

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARTH, CARL  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            TREASURER  
Name            AMABILE, MARY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            HAUDRICOURT, AUBREY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            SECRETARY  
Name            REINHARDT, MARY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            O'SHEA, SIOBHAN  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            KLOCZKOWSKI, WITOLD  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            SPAGNOLO, SANDY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*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:** CARL BARTH

PRESIDENT

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date