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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90141 046 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 744008**

1. Corporation Name

**51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

HOLIDAY ISLES PROPERTY MGMT  
 7350 ULMERTON RD STE 1  
 LARGO FL 34641

Mailing Address

7850 LUMERTON ROAD  
 #1  
 LARGO FL 33771  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

08/22/1978

4. FEI Number

59-1849919

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MGMT  
 7850 ULMERTON RD STE 1  
 2014 DREW ST STE 3  
 LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  DELETE

NAME HARVEY, MIKE  
 STREET ADDRESS 51 ISLAND WAY, #1205  
 CITY-ST-ZIP CLEARWATER FL

TITLE PD  DELETE

NAME HURDEY, MICHAEL  
 STREET ADDRESS 51 ISLAND WAY #1111  
 CITY-ST-ZIP CLEARWATER FL

TITLE D  DELETE

NAME ALFICH, EDWARD  
 STREET ADDRESS 51 ISLAND WAY 800  
 CITY-ST-ZIP CLEARWATER, FL 00000

TITLE VPD  DELETE

NAME POND, RONALD G  
 STREET ADDRESS 51 ISLAND WAY #104  
 CITY-ST-ZIP CLEARWATER FL

TITLE TD  DELETE

NAME KALEBICH, FRANK  
 STREET ADDRESS 51 ISLAND WAY #811  
 CITY-ST-ZIP CLEARWATER FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD  Change  Addition

2.2 NAME ARNIE SHAL  
 2.3 STREET ADDRESS 51 ISLAND WAY # 1100  
 2.4 CITY-ST-ZIP CLEARWATER, FL 33767

3.1 TITLE D  Change  Addition

3.2 NAME STEVE VALI  
 3.3 STREET ADDRESS 51 ISLAND WAY # 1205  
 3.4 CITY-ST-ZIP CLEARWATER FL 33767

4.1 TITLE VPD  Change  Addition

4.2 NAME JOSEPH VITALE  
 4.3 STREET ADDRESS 51 ISLAND WAY # 807  
 4.4 CITY-ST-ZIP CLEARWATER FL 33767

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Arnie Shal 1-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)