

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90086 047 ****61.25

DOCUMENT # 744008

1. Entity Name

51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**7850 LUMERTON ROAD
 #1
 LARGO FL 33771
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1849919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD** Delete
 NAME: **HARVEY, MIKE**
 STREET ADDRESS: **51 ISLAND WAY, #1205**
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **SHAL, ARNIE**
 STREET ADDRESS: **51 ISLAND WAY 1100**
 CITY-ST-ZIP: **CLEARWATER FL 33767**

TITLE: **D** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **VALI, STEVE**
 STREET ADDRESS: **51 ISLAND WAY 1205**
 CITY-ST-ZIP: **CLEARWATER FL 33767**

TITLE: **PD** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VPD** Delete
 NAME: **VITALE, JOSEPH**
 STREET ADDRESS: **51 ISLAND WAY 807**
 CITY-ST-ZIP: **CLEARWATER FL 33767**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **TD** Delete
 NAME: **KALEBICH, FRANK**
 STREET ADDRESS: **51 ISLAND WAY #811**
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-00

Date

Daytime Phone #

CR2E037 (9/99)