

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90062 008 ****61.25

DOCUMENT # 744008



1. Entity 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**

00000000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1849919**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FERGUSON, IRMA	
STREET ADDRESS	51 ISLAND WAY, #1110	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VITALE, JOSEPH	
STREET ADDRESS	51 ISLAND WAY 807	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KALEBICH, FRANK	
STREET ADDRESS	51 ISLAND WAY #811	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVOE, FRED A	
STREET ADDRESS	51 ISLAND WAY, #904	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER WIERSMA	
STREET ADDRESS	51 ISLAND WAY, # 1005	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DURSHORDE	
STREET ADDRESS	51 ISLAND WAY, #505	
CITY-ST-ZIP	CLEARWATER, FL 33767	

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** JOSEPH VITALE 3/27/03 737-443-6696

CR2E037 (10/02)