

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# 701539

Entity Name: THE CLEARWATER BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

314 SOUTH MISSOURI AVENUE, SUITE 107  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

314 SOUTH MISSOURI AVENUE, SUITE 107  
CLEARWATER, FL 33756 US

**New Mailing Address:**

FEI Number: 59-1824423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANCE, KAREN E  
314 SOUTH MISSOURI AVENUE, SUITE 107  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEMERS, SUSAN S  
Address: 2465 DREW STREET  
City-St-Zip: CLEARWATER, FL 33765

Title: VP ( ) Delete  
Name: COLE, JEWEL W  
Address: 315 COURT STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: S ( ) Delete  
Name: CAMPBELL, KIMBERLY A  
Address: 1172 BROWNELL STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete  
Name: RIVELLINI, PETER A  
Address: 911 CHESTNUT  
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete  
Name: ALBINSON, JEFFREY A  
Address: 201 E KENNEDY BLVD., SUITE 1100  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: DONNELLY, THOMAS J  
Address: 1172 BROWNELL ST., SUITE 1  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN S. DEMERS

P

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date