

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 2: 20

DOCUMENT # 722654 (1)  
1. Corporation Name  
CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1972	3a. Date of Last Report 03/22/1994
4. FEI Number 59-1456492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
% HOLIDAY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD., STE. #2 LARGO FL 34641-4057		% HOLIDAY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD., STE. #2 LARGO FL 34641-4057	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
29. Zip	30. Country	9. Name and Address of Current Registered Agent	

HOLIDAY ISLES PROPERTY MGMT., INC.  
7850 ULMERTON RD.  
LARGO FL 33541

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	BILL SUCKOW
STREET ADDRESS	825 S. GULFVIEW BLVD., #106
CITY-ST-ZIP	CLEARWATER BEACH FL
TITLE	S
NAME	CARNEY, BOB
STREET ADDRESS	825 S GULFVIEW BLVD #112
CITY-ST-ZIP	CLEARWATER BCH FL
TITLE	PD
NAME	HALEY, DAVID
STREET ADDRESS	825 S GULFVIEW BLVD #312
CITY-ST-ZIP	CLEARWATER BCH FL
TITLE	DV
NAME	BEARD, LARRY
STREET ADDRESS	824 S GULFVIEW BLVD. #104
CITY-ST-ZIP	CLEARWATER BCH FL
TITLE	VT
NAME	<del>BRYNES, GEORGE</del>
STREET ADDRESS	<del>825 S GULFVIEW BLVD-101</del>
CITY-ST-ZIP	<del>CLEARWATER BCH FL</del>
TITLE	D
NAME	PAUL BUTTON
STREET ADDRESS	825 S. GULFVIEW BLVD., #203
CITY-ST-ZIP	CLEARWATER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NO LONGER ON BOARD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or 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.

SIGNATURE: LARRY BEARD 14 MAR 95 813 530 4517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)