FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **722654** **(1)**

1. Corporation Name

CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM

Principal Place of Business	Mailing Address
% HOLIDY ISLES PROPERTY MNGT.. INC. 7850 ULMERTON RD.. STE. #2 LARGO FL 34641-4057	% HOLIDY ISLES PROPERTY MNGT.. INC. 7850 ULMERTON RD.. STE. #2 LARGO FL 34641-4057

3. Date Incorporated or Qualified: **02/10/1972**

3a. Date of Last Report: **03/24/1995**

4. FEI Number: **59-1456492** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BILL SUCKOW		1.2 NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD., #106		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	S/V	XX Change ☐ Addition
NAME	CARNEY, BOB		2.2 NAME		
STREET ADDRESS	825 S GULFVIEW BLVD #112		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH FL		2.4 CITY-ST-ZIP		
TITLE	VD	XX DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALEY, DAVID		3.2 NAME		
STREET ADDRESS	825 S GULFVIEW BLVD #312		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEARD, LARRY		4.2 NAME		
STREET ADDRESS	824 S GULFVIEW BLVD. #104		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAUL BUTTON		5.2 NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD., #203		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	JOHNSON, CEWIN	
STREET ADDRESS			6.3 STREET ADDRESS	825 S. GULFVIEW BLVD #312	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLEARWATER BCH FL	

CR2E037 (12/95)

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 119.07(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 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: X _____ LARRY L. BEARD PRES. 22 FEB 96 813-447-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #