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Feb 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

% 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 33771-4015

3. Date Incorporated or Qualified
02/10/1972

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	BILL SUCKOW	
STREET ADDRESS	825 S. GULFVIEW BLVD., #106	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CARNEY, BOB	
STREET ADDRESS	825 S GULFVIEW BLVD #112	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HALEY, DAVID	
STREET ADDRESS	825 S GULFVIEW BLVD #312	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEARD, LARRY	
STREET ADDRESS	824 S GULFVIEW BLVD. #104	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL BUTTON	
STREET ADDRESS	825 S. GULFVIEW BLVD., #203	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CEWIN	
STREET ADDRESS	825 S GULFVIEW BLVD #312	
CITY-ST-ZIP	CLEARWATER BCH FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

LARRY L BEARD
President 21 JAN 97

Date

Daytime Phone # 0051566

CR2E037 (9/96)