

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722654** (1)  
1. Corporation Name

**CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM**



Principal Place of Business <b>% HOLIDAY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD., STE. #2 LARGO FL 34641-4057</b>	Mailing Address <b>% HOLIDAY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD., STE. #2 LARGO FL 34641-4057</b>
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3. Date Incorporated or Qualified

**02/10/1972**

4. FEI Number

**59-1456492**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **SUITE 1**  
City & State

27 **SUITE 1**  
City & State

23

28

24 Zip **33771**

Country

29 Zip **33771**

Country

30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 **SUITE 1**  
City

84

**FL** 85 Zip Code  
**33771**

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

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BILL SUCKOW</b>	
STREET ADDRESS	<b>825 S. GULFVIEW BLVD., #106</b>	
CITY-ST-ZIP	<b>CLEARWATER BEACH FL</b>	

TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNEY, BOB</b>	
STREET ADDRESS	<b>825 S GULFVIEW BLVD #112</b>	
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEARD, LARRY</b>	
STREET ADDRESS	<b>824 S GULFVIEW BLVD. #104</b>	
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAUL BUTTON</b>	
STREET ADDRESS	<b>825 S. GULFVIEW BLVD., #203</b>	
CITY-ST-ZIP	<b>CLEARWATER BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, CEWIN</b>	
STREET ADDRESS	<b>825 S GULFVIEW BLVD #312</b>	
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>RUTH DORAN</b>
4.4 CITY-ST-ZIP	<b>825 S. GULFVIEW BLVD. #107</b>

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 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 BEARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-530-4517

CR2E037 (10/97)