2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 722654

1. Entity Name
CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM

Principal Place of Business	Mailing Address
% HOLIDY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD, SUITE 1 LARGO, FL 33771 US	% HOLIDY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD, STE 1 LARGO, FL 33771 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03252004   Chg-NP   CR2E037 (10/03)

4. FEI Number
59-1456492

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HOLIDAY ISLES PROPERTY MGMT.,INC. 7850 ULMERTON RD. LARGO, FL 33771	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

Filing Fee is $61.25 **Due by May 1, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BILL SUCKOW		NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD., #106		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DORAN, RUTH		NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD. #107		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH, FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BEARD, LARRY		NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD. #104		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOHNSON, CEWIN		NAME		
STREET ADDRESS	825 S GULFVIEW BLVD #312		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DONALD, MALCOLM		NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD #110		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Larry Beard, President