


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90027 043 ****61.25

DOCUMENT # 762637

1. Entity Name
CLEARWATER BEACH ASSOCIATION, INC.



Principal Place of Business
 59 BAYMONT ST.
 PO BOX 3295
 CLEARWATER, FL 33767 US

Mailing Address
 59 BAYMONT ST.
 PO BOX 3295
 CLEARWATER, FL 33767 US

2. Principal Place of Business
1164 N E Cleveland St.

3. Mailing Address
P. O. Box 3295


Suite, Apt. #, etc.

City & State
Clearwater, Fl.

City & State
Clearwater Beach, Fl.

Zip Country
33755 USA

Zip Country
33767 USA



03082005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

DORAN, JOHN
59 BAYMONT STREET
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent

Name **Doran, John**

Street Address (P.O. Box Number is Not Acceptable)

1164 N.E. Cleveland St.

City **Clearwater** State **FL** Zip Code **33755**

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 John Doran

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

Filing Fee is \$61.25 Due by May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASIC, MARA 657 MANDALAY AVENUE CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYES, GIGI 969 BRUCE AVENUE CLEARWATER, FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELP, RON 750 LANTANA AVENUE CLEARWATER, FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRI, ALAN 821 MANDALAY AVENUE CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYES, JAY 100 DEVON DRIVE CLEARWATER, FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DORAN, JOHN 65 VERBENA STREET CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Davis, Lois 827 Eldorado Ave. Clearwater Beach, Fl. 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Jerry Murphy 959 Mandalay Ave. Clearwater Beach, Fl. 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pre Keyes, Jay 100 Devon Drive Clearwater Beach, Fl. 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tre Ramos, David I 851 Eldorado Ave. Clearwater Beach, Fl. 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Jerry Murphy **MARCH 9, 2005** (727) 443-2168

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