

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90044 045 \*\*\*\*61.25



**DOCUMENT # 762637**

1. Entity Name  
**CLEARWATER BEACH ASSOCIATION, INC.**

Principal Place of Business  
**1164 NE CLEVELAND ST  
 CLEARWATER, FL 33755 US**

Mailing Address  
**PO BOX 3295  
 CLEARWATER BEACH, FL 33767 US**

4000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2351764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DORAN, JOHN 1164 NE CLEVELAND ST CLEARWATER, FL 33755</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PORTE, KIM</b> <b>964 MANDALAY AVE</b> <b>CLEARWATER BEACH, FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACNAMEE, DAVID</b> <b>827 MANDALAY AVE</b> <b>CLEARWATER BEACH, FL 33767</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Massieu, Raymond</b> <b>817 Bruce Avenue</b> <b>Clearwater Beach, Fl. 33767</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELP, RON</b> <b>750 LANTANA AVENUE</b> <b>CLEARWATER, FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Delp, Ron</b> <b>750 Lantana Avenue</b> <b>Clearwater Beach, Fl. 33767</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURPHY, JERRY</b> <b>959 MANDALAY AVE</b> <b>CLEARWATER BEACH, FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Murphy, Jerry</b> <b>959 Mandalay Avenue</b> <b>Clearwater Beach, Fl. 33767</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KEYES, JAY</b> <b>100 DEVON DRIVE</b> <b>CLEARWATER, FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Keyes, Jay</b> <b>100 Devon Drive</b> <b>Clearwater, Beach, Fl. 33767</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>RAMOS, DAVID I</b> <b>851 ELDORADO AVE</b> <b>CLEARWATER BEACH, FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **Jerry Murphy-Pres** Date 4/12/07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR