

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763123 (7)
1. Corporation Name

VILLAS OF CLEARWATER BEACH CONDOMINIUM ASSOCIATI
ON, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:53

Principal Place of Business

Mailing Address

15 GLENDALE STREET
CLEARWATER BEACH FL 34630

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CLEARWATER BEACH FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1982 3a. Date of Last Report 04/27/1994

4. FEI Number 59-2197129 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLIDAY MGT INC
40 DEVON DR
CLEARWATER FL 34630

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME SIBERT, LEW
STREET ADDRESS 2606 REGAL OAK LANE
CITY-ST-ZIP LUTZ FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME CAVELL, CORINNE
STREET ADDRESS 226 HARBOR VIEW LANE
CITY-ST-ZIP LARGO FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DONALD-M-DRUMMOND
STREET ADDRESS 1105 KARIN DRIVE
CITY-ST-ZIP NORMAL IL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PARE, CAROL
STREET ADDRESS 15 GLENDALE ST. UNIT A-15
CITY-ST-ZIP CLEARWATER FL 34630

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST
NAME SALLS, KATIE
STREET ADDRESS 15 GLENDALE ST, UNIT A12
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Corinne Cavell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CORINNE-CAVELL

President 1/7/95
DATE