

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763123 (7)
1. Corporation Name

VILLAS OF CLEARWATER BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 15 GLENDALE STREET CLEARWATER BEACH FL 34630
Mailing Address: 15 GLENDALE STREET CLEARWATER BEACH FL 34630

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2197129
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOLIDAY MGT INC
40 DEVON DR
CLEARWATER FL 34630

10. Name and Address of New Registered Agent
81 Name: SWARTZMAN-PROPERTY-MGT.
82 Street Address (P.O. Box Number is Not Acceptable): 2708 PINEWOOD-COURT
83
84 City: CLEARWATER FL 85 Zip Code: 34621

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: *Dick Swartzman* - DICK SWARTZMAN 3/15/96
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SIBERT, LEW	
STREET ADDRESS	2606 REGAL OAK LANE	
CITY-ST-ZIP	LUTZ FL	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	CAVELL, CORINNE	
STREET ADDRESS	226 HARBOR VIEW LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	DONALD M DRUMMOND	
STREET ADDRESS	1105 KARIN DRIVE	
CITY-ST-ZIP	NORMAL FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	PARE, CAROL	
STREET ADDRESS	15 GLENDALE ST. UNIT A-15	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	SALLS, RATIE	
STREET ADDRESS	15 GLENDALE ST., UNIT A12	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	P-D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	JOE - EVERETT		
13 STREET ADDRESS	15-GLENDALE-ST-Unit A-20		
14 CITY-ST-ZIP	CLEARWATER-FL-34630		
21 TITLE	DV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	PETER-HAKKART		
23 STREET ADDRESS	15-GLENDALE-ST-Unit A-7		
24 CITY-ST-ZIP	CLEARWATER-FL-34630		
31 TITLE	D-S-T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	DONALD-M-DRUMMOND		
33 STREET ADDRESS	1105 KARIN-DRIVE		
34 CITY-ST-ZIP	NORMAL-ILL 61761		
41 TITLE	D SIDNEY-MILLARD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME	III CHAPIN-PLACE		
43 STREET ADDRESS	GRANVILLE, OHIO-43023		
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joe Everett* President 3/15/96 - 443-0722
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)