## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

VILLAS OF CLEARWATER BEACH CONDOMINIUM ASSOCIATI

ON, INC. Principal Place of Business Mailing Address

**FILED** May 08 1998 8:00am Secretary of State



15 GLENDALE STREET 15 GLENDALE STREET CLEARWATER BEACH FL 34630 CLEARWATER BEACH FL 34630					3. Date Incorporated or Qualified
OLEARWATER DEACH IL 3400			NU		05/05/1982
					4. FEI Number Applied For
1					59-2197129 Not Applicable
2. Principal Place of Business 2a. Mailing Address					Certificate of Status Desired
21 26					6. Certificate of Status Desired Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22 27					Trust Fund Contribution Added to Fees
City & State City & State					7. Is this nonprofit corporation a homeowners association?
23 28					Yes □ No
Zip Country Zip Country 229 33747 30 24 33747 30 29 33747 30			Country		8. This corporation owes or has paid the current year Intangible
24 33	76 / 25	29 33747 30			Personal Property Tax due June 30.
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
1			81	Name	
SWARTMAN PROP MGMT			82	Street	Address (P.O. Box Number is Not Acceptable)
2708 PINEWOOD CT				0,,00	Transfer (Transfer to Transfer)
CLEARY	WATER FL 34621 337	76 l	83		
	J., V	~ ,	84	O'4 .	lea CTIc Ondo
			**	City	FL 85 Zip Code
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 rec					
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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alongture required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVERRETT, JOE		1.2 NAME		
STREET ADDRESS	15 GELNDALE ST UNIT A20		1.3 STREET	ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-S		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	HAKKAART, PETER		2.2 NAME		
STREET ADDRESS	A		2.3 STREET	ANNOCCC	
	LADOO EI				
CITY-ST-ZIP TITLE	DST	DELETE	2. 4 CITY-8 3.1 TITLE	51 - ZIP	D LUTHER SIBERT Change KAddillon
NAME		pa vicen			
	DRUMMOND, DONALD M		3.2 NAME		1199 SHIPWATCH CR
STREET ADDRESS	1105 KARIN DR	_	3.3 STREET		TOMOS C1 23602
CITY-ST-ZIP	NORMAL IL D	DELETE	3.4. CITY - 5	ST-ZIP	Charge Madelian
1	, •	DELCHE.	4.1 TITLE		D Change MADdition  EVANGELINE MILLARD
NAME	MILLARD, SIDNEY		4. 2 NAME		LUANGELINE PILLLARD
STREET ADDRESS	111 CHAPIN, PL		4.3 STREET		ILL CHAPIN PL.
CITY-ST-ZIP	GRANVILLE OH		4.4 CITY-S	T-ZIP	ILL CHAPIN PL.  GRANVILLE, OH 43023  Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CATY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			R & STREET	ADDRESS	

14. 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 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 chapter 50 on an attachment with an address.

**SIGNATURE:**