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**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 763123**

1. Corporation Name

**VILLAS OF CLEARWATER BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

15 GLENDALE STREET  
 CLEARWATER BEACH FL 33767  
 US

Mailing Address

15 GLENDALE STREET  
 CLEARWATER BEACH FL 33767  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/05/1982

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

9. Name and Address of Current Registered Agent

SWARTMAN PROP MGMT  
 2708 PINWOOD CT  
 CLEARWATER FL 33761

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME EVERETT, JOE  
 STREET ADDRESS 15 GLENDALE ST UNIT A20  
 CITY-ST-ZIP CLEARWATER FL

TITLE DV  DELETE  
 NAME HAKKAART, PETER  
 STREET ADDRESS 15 GLENDALE ST UNIT A7  
 CITY-ST-ZIP LARGO FL

TITLE D  DELETE  
 NAME SIBERT, LUTHER  
 STREET ADDRESS 1199 SHIPWATCH CR  
 CITY-ST-ZIP TAMPA FL 33602

TITLE D  DELETE  
 NAME MILLARD, EVANGELINE  
 STREET ADDRESS 111 CHAPLIN PL  
 CITY-ST-ZIP GRANVILLE OH 43023

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
 1.2 NAME SIBERT, LUTHER  
 1.3 STREET ADDRESS 1199 SHIPWATCH CR  
 1.4 CITY-ST-ZIP TAMPA, FL 33602

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

3.1 TITLE D  Change  Addition  
 3.2 NAME CAROL PARE  
 3.3 STREET ADDRESS 15 GLENDALE ST. BLDG A-15  
 3.4 CITY-ST-ZIP CLEARWATER, FL. 33767

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

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/99

Date

Daytime Phone #

CR2E037 (11/98)