


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90062 048 \*\*\*\*61.25

**DOCUMENT # 763123**

1. Entity 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**

**60017353**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2197129** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**RON & RICHARD PROPERTY MANAGEMENT, INC.**  
**2475 ROLLING VIEW DRIVE**  
**DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANGELOS, MARC</b> <b>81 TIMBER DRIVE</b> <b>BERKELEY HEIGHTS, NJ 07922</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JACKSON, LANNY</b> <b>15 GLENDALE STREET, BLDG A17</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JACKSON, LANNY</b> <b>15 GLENDALE STREET, BUILDING A17</b> <b>CLEARWATER BEACH, FL 33767</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE - PRESIDENT</b> <b>ANGELOS, MARC</b> <b>81 TIMBER DRIVE</b> <b>BERKELEY HEIGHTS, NJ 07922</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARE, CAROL</b> <b>15 GLENDALE ST BLDG A-15</b> <b>CLEARWATER, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>MARTIN, JOHN</b> <b>1912 HIGHRIDGE DR.</b> <b>BLACKSBURG, VA 24060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GUNTHER, ED</b> <b>3 ASTOR CT.</b> <b>LAKE FOREST, IL 60045</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SIBERT, LEW</b> <b>1199 SHIPWATCH CIRCLE</b> <b>TAMPA, FL 33602</b> <input type="checkbox"/> Change <input checked="" 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:** Carol A. Pare Carol A. Pare 01/6/06 727-449-0424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #