


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769824 (4) 1. Corporation Name CLEARWATER KEY ASSOCIATION-SOUTH BAY, INC.					
Principal Place of Business 2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 34621			Mailing Address 2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 34621		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33761		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33761		3. Date Incorporated or Qualified 08/15/1983 4. FEI Number 59-2303448 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent REARDON, MAUREEN C. CPM 2753 S.R. 580, SUITE 207 CLEARWATER FL 34621				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 33761	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	1.1 TITLE	V/D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SCHAFFER, JOHN	1.2 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1501 GULF BLVD., #804	1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP			
TITLE	TD	2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LABARBERA, MARIE	2.2 NAME	SLATER, IRWIN		
STREET ADDRESS	1501 GULF BLVD #308	2.3 STREET ADDRESS	1501 GULF BLVD #405		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 33767		
TITLE	SD	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADAMS, JOHN	3.2 NAME	DUDGEON, FRANK		
STREET ADDRESS	1501 GULF BLVD #501	3.3 STREET ADDRESS	1501 GULF BLVD #407		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL 33767		
TITLE	VD	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEG, CARL	4.2 NAME	WEG, KARL		
STREET ADDRESS	1501 GULF BLVD #807	4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP			
TITLE	D	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, JIM	5.2 NAME			
STREET ADDRESS	1501 GULF BLVD #101	5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP			
TITLE	D	6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, WILLIAM	6.2 NAME	EDWARDS, WILLIAM H.		
STREET ADDRESS	1501 GULF BLVD #302	6.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	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)(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 changed, or on an attachment with an address.					
SIGNATURE: <i>W.H. Edwards</i>		Date: <i>2/4/98</i>		Daytime Phone # <i>593-5303</i>	
WILLIAM H. EDWARDS					

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