

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769824

1. Entity Name

CLEARWATER KEY ASSOCIATION-SOUTH BAY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90108 039 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 33761 US	Mailing Address 2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 33761-3345 US
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2. Principal Place of Business 1501 Gulf Blvd.	3. Mailing Address 103 Cleveland Ave SW
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o Resource Property Mgmt

City & State Clearwater, FL	City & State Largo, FL
Zip 33767	Zip 33770
Country US	Country US

4. FEI Number 59-2303448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE SW
LARGO FL 33770

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.

SIGNATURE *[Signature]* DATE 4/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, JOHN 1501 GULF BLVD 204 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LABARBERA, MARIE 1501 GULF BLVD #306 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASLOW, HARVEY 1501 GULF BLVD 105 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEG, KARL 1501 GULF BLVD #807 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNCAN, JIM 1501 GULF BLVD #101 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDGEON, FRANK 1501 GULF BLVD 407 CLEARWATER FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten: Bob Stiegler, 1501 Gulf Blvd #702, Clearwater FL 33767]</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten: Victor Johnson, 1501 Gulf Blvd 705, Clearwater FL 33767]</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Signature: Marie Labarbera]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #