

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90105 031 ****61.25

DOCUMENT # 769824 1. Entity Name CLEARWATER KEY ASSOCIATION-SOUTH BAY, INC.			
Principal Place of Business 1501 GULF BLVD CLEARWATER, FL 33767 US		Mailing Address 7300 PARK ST. 103 CLEVELAND AVENUE SW SEMINOLE, FL 33777 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7300 Park St Suite, Apt. #, etc.	
City & State Zip Country		City & State Seminole, FL Zip Country 33777 USA	
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 7300 PARK ST. SEMINOLE, FL 33777		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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 S NAME MASLOWE, HARVEY <input type="checkbox"/> Delete STREET ADDRESS 1501 GULF BLVD. #105 CITY-ST-ZIP CLEARWATER BEACH, FL 33767	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD NAME LABARBERA, MARIE <input checked="" type="checkbox"/> Delete STREET ADDRESS 1501 GULF BLVD #306 CITY-ST-ZIP CLEARWATER, FL	TITLE V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BOBSHEA STREET ADDRESS 1501 Gulf Blvd #208 CITY-ST-ZIP Clearwater, FL 33767		
TITLE SD NAME CLEARY, MARILYN <input checked="" type="checkbox"/> Delete STREET ADDRESS 1501 GULF BLVD 105 CITY-ST-ZIP CLEARWATER, FL 33767	TITLE T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TOM DEIMEL STREET ADDRESS 1501 Gulf Blvd #402 CITY-ST-ZIP Clearwater, FL 33767		
TITLE D NAME DELONG, SCOTT <input type="checkbox"/> Delete STREET ADDRESS 1501 GULF BLVD. #401 CITY-ST-ZIP CLEARWATER, FL 33767	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME John Adams STREET ADDRESS 1501 Gulf Blvd #501 CITY-ST-ZIP Clearwater, FL 33767		
TITLE D NAME DUNCAN, JIM <input type="checkbox"/> Delete STREET ADDRESS 1501 GULF BLVD #101 CITY-ST-ZIP CLEARWATER, FL	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME John Weismiller STREET ADDRESS 1501 Gulf Blvd #305 CITY-ST-ZIP Clearwater, FL 33767		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<div style="text-align: right;"> 3/3/05 <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>			

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