
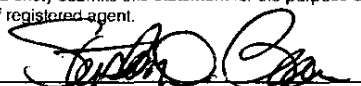
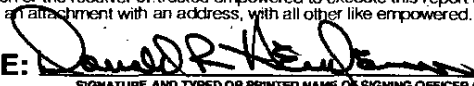


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90038 013 ****61.25

DOCUMENT # N00000002699 1. Entity Name CLEARWATER COUNTRY CLUB MANAGEMENT, INC.					
Principal Place of Business 525 NORTH BETTY LANE CLEARWATER, FL 33756			Mailing Address 525 NORTH BETTY LANE CLEARWATER, FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3697958	
				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			7. Name and Address of New Registered Agent		
BROWN, STEPHEN 3006 EAGLES LANDING WAY #6 CLEARWATER, FL 33761			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.</small>			DATE 2/5/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, JOHN C		NAME		
STREET ADDRESS	1647 ST. PAULS DR.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DORAN, ROLAND L		NAME	SECRETARY DIRECTOR	
STREET ADDRESS	511 OSCEOLA ROAD		STREET ADDRESS	MS. JUNE MENSINGA	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	2239 DONATA DR.	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, STEPHEN		NAME	VICE PRESIDENT DIRECTOR	
STREET ADDRESS	3006 EAGLES LANDING WAY		STREET ADDRESS	BELLEAIR BEACH, FL. 33786	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABRAHAM, RONALD		NAME	DIRECTOR	
STREET ADDRESS	225 COUNTRY CLUB ROAD		STREET ADDRESS	MRS. SHIRLEY ZUZACK	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	435 16th Ave. SE #648	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YORK, JAMES		NAME	DIRECTOR	
STREET ADDRESS	143 ISLAND WAY #6		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	PRESIDENT	
STREET ADDRESS			STREET ADDRESS	DONALD HENDERSON	
CITY-ST-ZIP			CITY-ST-ZIP	1348 WHISPERING PINES DR.	
			CLEARWATER, FL 33764		
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>			DATE 2/5/04 (727) 446-9501 <small>Date Daytime Phone #</small>		

DONALD HENDERSON