

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 014 ****61.25

DOCUMENT # N04000009712 1. Entity Name CLEARWATER COUNTRY CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 809 DRUID RD EAST CLEARWATER, FL 33756			Mailing Address 8651 BULL CREEK RD COULTERVILLE, CA 95311		
40 WANER PROPERTY MGMT. WANER PROPERTY MANAGEMENT 2155 N.E. COACHMAN ROAD CLEARWATER, FL 33765			3. Mailing Address WANER PROPERTY MANAGEMENT 2155 N.E. COACHMAN ROAD CLEARWATER, FL 33765		
City & State		City & State		4. FEI Number 75-3171813	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B. CARLTON WARD 1263 PARK STREET CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name WANER PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2155 N.E. COACHMAN ROAD CLEARWATER, FL 33765 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 CHRIS WANER Signature, typed or printed name of registered agent and title if applicable.				DATE 2-22-06	
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	PSTD FERRY, LYNN 8651 BULL CREEK ROAD COULTERVILLE, CA 95311	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRY, RICHARD 8651 BULL CREEK ROAD COULTERVILLE, CA 95311	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B--- WITTER, WILLIAM 809 DRUID ROAD EAST CLEARWATER, FL 33756	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:		LYNN FERRY		Date Feb 3, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 650 269-4321	