

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # N05000004980 1. Entity Name CLEARWATER DOWNTOWN PARTNERSHIP, INC.	
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Principal Place of Business 911 CHESTNUT STREET CLEARWATER, FL 33756	Mailing Address PO BOX 396 CLEARWATER, FL 33757
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2834681	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVELLINI, PETER A 911 CHESTNUT STREET CLEARWATER, FL 33756
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MATHENY, DWIGHT R 229 FLORIDA AVE DUNEDIN, FL 34678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WARSHAUER, HOWARD 808 ALLEN DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLIFFORD, BOB 601 CLEVELAND ST #160 CLEARWATER, FL 33755
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04/04/07-80010-003 61.25

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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 receiving 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:  **R.D. Matheny** 10 JAN 07 727 461 9612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #