

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719815 (3)**  
1. Corporation Name  
**CLEARWATER POINT, INC., NO. 4, A CONDOMINIUM**



Principal Place of Business <b>7850 ULMERTON RD. SUITE #2 LARGO FL 34641-4057</b>	Mailing Address <b>7850 ULMERTON RD. SUITE #2 LARGO FL 34641-4057</b>
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3. Date Incorporated or Qualified <b>12/08/1970</b>
4. FEI Number <b>59-1430044</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>SUITE 1</b> 22 City & State <b>33771</b> 23 Zip <b>33771</b> 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. <b>SUITE 1</b> 26 City & State <b>33771</b> 27 Zip <b>33771</b> 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HOLIDAY ISLES PROPERTY MGMT., INC.  
7850 ULMERTON RD., STE. 2  
LARGO FL 33541**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>SUITE 1</b>
83
84 City
85 Zip Code <b>FL 33771</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>VOS, ELMER</b>
STREET ADDRESS	<b>895 S. GULFVIEW BLVD 308</b>
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MUNSELL, ROBERT</b>
STREET ADDRESS	<b>895 S GULFVIEW BLVD #103</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE
NAME	<b>SHERRIER, ROBERT</b>
STREET ADDRESS	<b>895 S GULFVIEW BLVD #107</b>
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HADLER, HARRY</b>
STREET ADDRESS	<b>895 S GULFVIEW BLVD #302</b>
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LIVINGSTONE, ROBERT</b>
STREET ADDRESS	<b>895 S GULFVIEW BLVD #204</b>
CITY-ST-ZIP	<b>CLEARWATER BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>VPO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HOFFMAN, JOHN</b>
4.3 STREET ADDRESS	<b>895 S. GULFVIEW BLVD. #303</b>
4.4 CITY-ST-ZIP	<b>CLEARWATER BEACH, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PARONE, JOSEPH</b>
6.3 STREET ADDRESS	<b>895 S. GULFVIEW BLVD. #310</b>
6.4 CITY-ST-ZIP	<b>CLEARWATER BEACH, FL</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Munsell* 11/3/98 813 530 4517

CR2E037 (10/97)