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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719815

1. Corporation Name

CLEARWATER POINT, INC., NO. 4, A CONDOMINIUM

Principal Place of Business

7850 ULMERTON RD.
SUITE 1
LARGO FL 33771
US

Mailing Address

7850 ULMERTON RD.
SUITE 1
LARGO FL 33771
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/08/1970

4. FEI Number

59-1430044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MGMT.,INC.
7850 ULMERTON RD.,STE.2
SUITE 1
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME VOS, ELMER

STREET ADDRESS 895 S. GULFVIEW BLVD 306

CITY-ST-ZIP CLEARWATER BCH FL

TITLE PD ☐ DELETE

NAME MUNSELL, ROBERT

STREET ADDRESS 895 S GULFVIEW BLVD #103

CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ DELETE

NAME SHERRIER, ROBERT

STREET ADDRESS 895 S GULFVIEW BLVD #107

CITY-ST-ZIP CLEARWATER BCH FL

TITLE SD ☒ DELETE

NAME HOFFMAN, JOHN

STREET ADDRESS 895 S GULFVIEW BLVD, SUITE 303

CITY-ST-ZIP CLEARWATER BCH FL

TITLE PT ☐ DELETE

NAME LIVINGSTONE, ROBERT

STREET ADDRESS 895 S GULFVIEW BLVD #204

CITY-ST-ZIP CLEARWATER BCH FL

TITLE D ☐ DELETE

NAME PARONE, JOSEPH

STREET ADDRESS 895 S GULFVIEW BLVD, SUITE 310

CITY-ST-ZIP CLEARWATER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VPD ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]

1/12/99 727-441-8773

CR2E037 (11/98)