

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90088 004 ****61.25

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DOCUMENT # 769824

1. Corporation Name

CLEARWATER KEY ASSOCIATION-SOUTH BAY, INC.

Principal Place of Business

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 33761
US

Mailing Address

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 33761
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/15/1983

4. FEI Number

59-2303448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

REARDON, MAUREEN C. CPM
2753 S.R. 580, SUITE 207
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name Resource Property Management
82 Street Address (P.O. Box Number is Not Acceptable)
103 Cleveland Ave SW
83
84 City Largo FL 85 Zip Code 33770

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	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFFER, JOHN	
STREET ADDRESS	1501 GULF BLVD., #804	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LABARBERA, MARIE	
STREET ADDRESS	1501 GULF BLVD #308	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SLATER, IRWIN	
STREET ADDRESS	1501 GULF BLVD #405	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEG, KARL	
STREET ADDRESS	1501 GULF BLVD #807	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, JIM	
STREET ADDRESS	1501 GULF BLVD #101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM	
STREET ADDRESS	1501 GULF BLVD #302	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Richardson	
1.3 STREET ADDRESS	1501 Gulf Blvd #204	
1.4 CITY-ST-ZIP	Clearwater, FL 33767	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harvey Maslow	
2.3 STREET ADDRESS	1501 Gulf Blvd #105	
2.4 CITY-ST-ZIP	Clearwater, FL 33767	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frank Dudseon	
6.3 STREET ADDRESS	1501 Gulf Blvd # 407	
6.4 CITY-ST-ZIP	Clearwater, FL 33767	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)