

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719815

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1430044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPDT
NAME SHERRIER, ROBERT
STREET ADDRESS 895 S GULFVIEW BLVD #107
CITY-ST-ZIP CLEARWATER BCH FL ☐ Delete

TITLE PD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WALLACE, LORAN
STREET ADDRESS 895 S. GULFVIEW BLVD #303
CITY-ST-ZIP CLEARWATER BCH FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME LIVINGSTONE, ROBERT
STREET ADDRESS 895 S GULFVIEW BLVD #204
CITY-ST-ZIP CLEARWATER BCH FL ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME PARONE, JOSEPH
STREET ADDRESS 895 S GULFVIEW BLVD, SUITE 310
CITY-ST-ZIP CLEARWATER BEACH FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VOS, ELMER
STREET ADDRESS 895 S GULFVIEW BLVD #309
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE VPD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME Wechsler, Robert
STREET ADDRESS 895 S Gulfview Blvd. #110
CITY-ST-ZIP Clearwater, FL 33767 ☐ Change ☒ Addition

12. 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 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:

Robert Wechsler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-02 727-530-4517

Date

Daytime Phone #

CR2E037 (9/01)