

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90064 013 \*\*\*\*61.25

**DOCUMENT # 719815**

1. Entity Name  
**CLEARWATER POINT, INC., NO. 4, A CONDOMINIUM**



Principal Place of Business  
11350 66TH ST N STE 124  
LARGO, FL 33773 US

Mailing Address  
11350 66TH ST N STE 124  
LARGO, FL 33773 US

40025120



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-1430044

Applied For  
Not Applicable

Zip

Country

Zip

Country

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.  
11350 66TH ST N STE 124  
LARGO, FL 33773

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME SHERRIER, ROBERT  
STREET ADDRESS 895 S GULFVIEW BLVD #107  
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

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

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

TITLE SD ☐ Change ☒ Addition  
NAME Karkowski, John  
STREET ADDRESS 895 S. Gulfview Blvd. # 106  
CITY-ST-ZIP Clearwater, FL 33767

TITLE D ☒ Delete  
NAME SUTKOWI, RONALD  
STREET ADDRESS 895 S GULFVIEW BLVD #301  
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE TD ☐ Change ☒ Addition  
NAME Chapparelli, NAN  
STREET ADDRESS 895 S. Gulfview Blvd. # 307  
CITY-ST-ZIP Clearwater, FL 33767

TITLE VD ☒ Delete  
NAME WECHSLER, ROBERTO  
STREET ADDRESS 895 S GULFVIEW BLVD #110  
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

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

TITLE D ☐ Delete  
NAME OBRIEN, ELIZABETH  
STREET ADDRESS 895 S GULFVIEW BLVD #104  
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elmer VOS - President

RECEIVED MAR 06 2006