

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760174

Entity Name: CLEARWATER POINT, INC., NO. 8**Current Principal Place of Business:**CLEARWATER POINT, INC., NO.8
800 S. GULFVIEW BLVD
CLEARWATER, FL 33767**Current Mailing Address:**CLEARWATER POINT, INC., NO. 8
800 S. GULFVIEW BLVD
CLEARWATER, FL 33767**FEI Number:** 59-2223760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIANFRONE, NIKOLOFF, GRANT, GREENBERG
1964 BAYSHORE BLVD STE A
DUNEDIN, FL 34698 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PAZAN, PAUL
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title VP
Name BRUNO, CHRIS
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title SECRETARY
Name ALSTON, STEVE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title TREASURER
Name DI NATALE, ANNE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name POLUTNIK, MICHAEL
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name PARTSINEVELOS, GEORGE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name TRUHLAR, RON
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL PAZAN**PRESIDENT****04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date