#### 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: GRANT WOOD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500004980

Entity Name: CLEARWATER DOWNTOWN PARTNERSHIP, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

# **Current Principal Place of Business:**

175 1ST STREET SOUTH UNIT 1401 ST. PETERSBURG, FL 33701

REPORT

## **Current Mailing Address:**

**PO BOX 396** CLEARWATER, FL 33757 US

## FEI Number: 20-2834681

## Name and Address of Current Registered Agent:

COLE, KATHERINE E. ESQ. 101 E. KENNEDY BLVD. **SUITE 3700** TAMPA, FL 33602 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	KATHERINE E. COLE			06/11/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHAIRMAN	Title	VICE CHAIR	
Name	WOOD, GRANT	Name	MANSELL, LISA	
Address	PO BOX 396	Address	PO BOX 396	
City-State-Zip:	CLEARWATER FL 33757	City-State-Zip:	CLEARWATER FL 33757	
Title	SECRETARY, TREASURER			
Name	SJOUWERMAN, STU			
Address	PO BOX 396			
City-State-Zip:	CLEARWATER FL 33757			

Certificate of Status Desired: No

06/11/2015

Date

**CHAIRMAN** 

FILED Jun 11, 2015 Secretary of State CC0280745741