

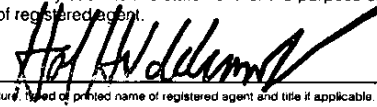


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 031 ****61.25

DOCUMENT # 716069 1. Entity Name CLEARWATER POINT, INC., NO. 1, A CONDOMINIUM							
Principal Place of Business 7850 ULMERTON RD. STE 1 LARGO, FL 33771 US			Mailing Address C/O CMC INC. 4175 EASTBAY DRIVE, SUITE 205 CLEARWATER, FL 33764 US				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		<div style="text-align: right; font-size: 1.2em; margin-bottom: 10px;">40063300</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04102006 Chg-NP CR2E037 (11/05) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 59-1377291</td> <td style="padding: 2px; text-align: center;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </td> </tr> </table> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>		4. FEI Number 59-1377291	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1377291	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable						
6. Name and Address of Current Registered Agent HILDEBRANDT, HAL C/O CMC INC. 4175 EAST BAY DRIVE, # 205 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D KURKJIAN, GREGORY 845 S GULFVIEW BLVD #301 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TONY COMITTO 698 HIDDEN LAKE DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, JOE 845 SOUTH GULFVIEW BLVD. #308 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-TREAS NELLIE OWNEY 845 S. GULFVIEW BLVD, #105 CLEARWATER BEACH FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COMITTO, TONY 698 HIDDEN LAKE DR TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIA KARL WELCH 22420 LAW AVE. DEARBORN MI 48124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANNELL, JOHN 30 HARDY AVE. YATELUI, HAMPSHIRE ENGLAND, g4466x4 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOYCE YESSAIAH 845 S. GULFVIEW BLVD #112 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YESSIAN, JOYCE 845 S GULFVIEW BLVD, # 112 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information submitted 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 reports 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 information.							
SIGNATURE: ANTHONY COMITTO PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 4/17/06 727 937-1546 </div> <small>Date Daytime Phone #</small>				