

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90047 004 ****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**

40067923



2. Principal Place of Business - No P.O. Box #
4175 East Bay Dr.

3. Mailing Address

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

Zip Country
33764 Pinellas

Zip

Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1377291

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

**HILDEBRANDT, HAL
C/O CMC INC.
4175 EAST BAY DRIVE, # 205
CLEARWATER, FL 33764**

Name **Kirk Bliss**
Street Address (P.O. Box Number is Not Acceptable)
CMC Inc.
4175 East Bay Dr. # 205
City **Clearwater** FL **33764**

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, 2008**

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 **P** ☒ Delete
NAME **CAMITTO, TONY**
STREET ADDRESS **698 HIDDEN LAKE DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **P** ☐ Change ☒ Addition
NAME **Gramell, John**
STREET ADDRESS **845 S. Gulfview Blvd. # 106**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **D** ☒ Delete
NAME **OWNERY, NELLIE**
STREET ADDRESS **845 SOUTH GULF VIEW**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **VP, T** ☐ Change ☒ Addition
NAME **Esposito, Gray**
STREET ADDRESS **845 S. Gulfview Blvd. # 306**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **ST** ☒ Delete
NAME **HODGE, DONNA**
STREET ADDRESS **845 GULFVIEW SUITE 04**
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE **S** ☐ Change ☒ Addition
NAME **Jenkins, Dave**
STREET ADDRESS **845 S. Gulfview Blvd. # 205**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Scholl, Valerie**
STREET ADDRESS **845 S. Gulfview Blvd. # 302**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Hicks, Ken**
STREET ADDRESS **845 S. Gulfview Blvd. # 306**
CITY-ST-ZIP **Clearwater, FL 33767**

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

4/8/08

Date

727-447-1750

Daytime Phone #