## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#716069**

FILED Apr 15, 2009 Secretary of State

Entity Name: CLEARWATER POINT, INC., NO. 1, A CONDOMINIUM

**Current Principal Place of Business:** New Principal Place of Business: 4175 EAST BAY DR 4585 140TH AVE **SUITE 1012** SUITE 205 CLEARWATER, FL 33764 US CLEARWATER, FL 33762 US **Current Mailing Address:** New Mailing Address: 4585 140TH AVE N. 4585 140TH AVE N. CLEARWATER, FL 33762 US **SUITE 1012** CLEARWATER, FL 33762 US FEI Number: 59-1377291 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COMMUNITY MANAGEMENT CONCEPTS, INC. 4585 140TH AVE. NORTH SUITE 1012 CLEARWATER, FL 33762 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GRANNELL, JOHN GRANNELL, JOHN Name: Name: 845 S. FULFVIEW BLVD # 106 Address: 30 HARDY AVE Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: YATELY HAMPSHIRE, ZZ GU 46 6XU UK Title: ( ) Delete Title: (X) Change ( ) Addition ESPOSITO, GUY Name: ESPOSITO, GUY Name: Address: 845 S. GULFVIEW # 306 Address: 6 N 721 FOLEY LN City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: ST CHARLES, IL 60175 Title: () Delete Title: (X) Change ( ) Addition JENKINS, DAVE SCHOLL, VALERIE Name: Name: 845 S. GULFVIEW BLVD #205 8108 ROLLING HILLS DR Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: ATHENS, OH 45701 Title: () Delete Title: ( ) Change (X) Addition Name: Name: MORRISSY, MICHAEL 40 W 580 ATCHISON DR Address: Address: City-St-Zip: City-St-Zip: HAMPHIRE, IL 60140 Title: () Delete Title: ( ) Change (X) Addition HICKS, KENNETH Name: Name: 742 4TH AVE Address: Address: HUNTINGTON, WV 25701 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN GRANNELL P 04/15/2009