


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 034 ****61.25

DOCUMENT # 717027					
1. Entity Name CLEARWATER POINT, INC., NO. 2, A CONDOMINIUM					
Principal Place of Business 4175 E. BAY DR. SUITE 205 CLEARWATER, FL 34624		Mailing Address 4175 E. BAY DR. SUITE 205 CLEARWATER, FL 34624		<p style="font-size: 24pt; font-weight: bold;">40095918</p>  <p>04302007 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1510455	Applied For Not Applicable
6. Name and Address of Current Registered Agent COMMUNITY MGMT CONCEPTS, INC. 4175 E. BAY DR, #205 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		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	S	<input checked="" type="checkbox"/> Delete	TITLE	SI Peter McCarroll	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMQUIST, ROSALIE		NAME	865 S. GULFVIEW BLVD #107	
STREET ADDRESS	865 GULFVIEW BLVD., #312		STREET ADDRESS	CLEARWATER Bch, FL 33767	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	PI Peter McCarroll	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDELE, MADDIE		NAME	865 S. GULFVIEW BLVD #107	
STREET ADDRESS	865 W GULFVIEW BLVD #101		STREET ADDRESS	CLEARWATER Bch, FL 33767	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PI Don Patterson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANDE, JERRY		NAME	865 S. GULFVIEW BLVD. #200	
STREET ADDRESS	865 S GULFVIEW BLVD #103		STREET ADDRESS	CLEARWATER Bch, FL 33767	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREMER, TOM		NAME		
STREET ADDRESS	865 GULFVIEW BLVD., #211		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARROL, PETER		NAME		
STREET ADDRESS	865 GULFVIEW BLVD., #167		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, DON		NAME		
STREET ADDRESS	865 GULFVIEW BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		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 fee empowered.					
SIGNATURE: <u>Don Patterson</u>				Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					