

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717027

FILED
Mar 31, 2009
Secretary of State

Entity Name: CLEARWATER POINT, INC., NO. 2, A CONDOMINIUM

Current Principal Place of Business:

4175 E. BAY DR.
SUITE 205
CLEARWATER, FL 33764

New Principal Place of Business:

4585 140TH AVE NORTH
SUITE 1015
CLEARWATER, FL 33762

Current Mailing Address:

4585 140TH AVE N, 1012
CLEARWATER, FL 33762

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1015
CLEARWATER, FL 33762

FEI Number: 59-1510455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BREMER, TOM
Address: 865 S GULFVIEW BLVD #211
City-St-Zip: CLEARWATER BEACH, FL 33767 US

Title: VP () Delete
Name: FRANK, MARK
Address: 865 S GULFVIEW BLVD #201
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: T () Delete
Name: ISKRA, KRISTYNA
Address: 865 S GULFVIEW BLVD #206
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: FREDERICO, STAN
Address: 865 S GULFVIEW BLVD #112
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D (X) Delete
Name: MCCARTHY, MARY
Address: 865 S GULFVIEW BLVD #305
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LONGHINI, ROBERT
Address: 1508 MICHIGAN BLVD
City-St-Zip: DUNEDIN, FL 34698 US

Title: VP (X) Change () Addition
Name: FRANK, MARK
Address: 219 MIDWAY ISLE
City-St-Zip: CLEARWATER, FL 33767

Title: D (X) Change () Addition
Name: ISKRA, KRISTYNA
Address: 1733 CASEY JONES CT
City-St-Zip: CLEARWATER, FL 33765

Title: D (X) Change () Addition
Name: MCCARTHY, MARY
Address: 4333 KEPLER AVE
City-St-Zip: BRONX, NY 10495

Title: () Change () Addition
Name:
Address:
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: BOB LONGHINI

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date