

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90154 017 ****61.25

DOCUMENT # 719739

1. Entity Name

**CLEARWATER SENIOR HIGH SCHOOL PTA,,
INCORPORATED**



Principal Place of Business

**540 SOUTH HERCULES
CLEARWATER FL 33764**

Mailing Address

**540 SOUTH HERCULES
CLEARWATER FL 33764**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3028546

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

**GRASSO, NICKOLAS R
540 S HERCULES AVE
CLEARWATER FL 34624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **RS** ☒ Delete
NAME **EBONJO, SHIRLEY**
STREET ADDRESS **641 FAIRWOOD AVE #311**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **TD** ☐ Delete
NAME **SPENCE, ROBERT B**
STREET ADDRESS **1746 BEL REANE DR**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **P** ☒ Delete
NAME **QUIZKPE, SANDRA**
STREET ADDRESS **1316 BARRY ST**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **CS** ☐ Delete
NAME **ASSED, JUDY**
STREET ADDRESS **305 PATRICIA AVE**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **VP** ☒ Delete
NAME **BILZLING, MARILYN**
STREET ADDRESS **2308 BAY BLVD #2**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Recording Secretary** ☐ Change ☒ Addition
NAME **Robin Pitchford**
STREET ADDRESS **1589 Oak Lane**
CITY-ST-ZIP **Clearwater Florida 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **John Hamilton President** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1753 Pinecone Way**
CITY-ST-ZIP **Largo FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vincent Greco Vice Pres** ☐ Change ☒ Addition
NAME
STREET ADDRESS **540 South Hercules**
CITY-ST-ZIP **Clearwater FL 33764**

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 Section 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: **John B. Spence Robert B Spence**

4/17/06 727 441 6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #