2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90007 024 ****61.25

DOCUMENT # 719815

1. Entity Name
CLEARWATER POINT, INC., NO. 4, A CONDOMINIUM

Principal Place of Business	Mailing Address
11350 66TH ST N STE 124 LARGO, FL 33773 US	11350 66TH ST N STE 124 LARGO, FL 33773 US

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04122007 Chg-NP CR2E037 (12/06)

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 59-1430044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MGMT.,INC.
11350 66TH ST N STE 124
LARGO, FL 33773

7. Name and Address of New Registered Agent

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHERRIER, ROBERT 895 S GULFVIEW BLVD #107 CLEARWATER BEACH, FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RON SUTKOWI 895 S. GULFVIEW BLVD # 301 CLEARWATER BEACH, FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOS, ELMER 895 S GULFVIEW BLVD #309 CLEARWATER, FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARRY CLIFF 895 S. GULFVIEW BLVD # 304 CLEARWATER BEACH, FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHAPPARELLI, NAN 895 S GULFVIEW BLVD, # 307 CLEARWATER BEACH, FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERTO WECHSLER 895 S. GULFVIEW BLVD # 110 CLEARWATER BEACH, FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOURKOWSKI, JOHN 895 S GULFVIEW BLVD, # 106 CLEARWATER BEACH, FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOB MUNSELL 895 S. GULFVIEW BLVD # 103 CLEARWATER BEACH, FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBRIEN, ELIZABETH 895 S GULFVIEW BLVD #104 CLEARWATER BEACH, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RONALD SUTKOWI - VP