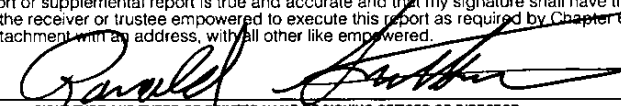


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 11350 66TH ST N STE 124 LARGO, FL 33773 US			Mailing Address 11350 66TH ST N STE 124 LARGO, FL 33773 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4010100  04122007 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1430044	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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	ID 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 MONSELL 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: 			Date: 4/20/07 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ronald Sutkowski - VP					