



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 012 ****61.25

DOCUMENT # 722654					
1. Entity Name CLEARWATER POINT, INC. NO. 5 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		400601	
2. Principal Place of Business		3. Mailing Address		 03012006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1456492	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILL SUCKOW		NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD., #106		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORAN, RUTH		NAME		
STREET ADDRESS	825 S. GULFVIEW BLVD. #107		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BCH, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEARD, LARRY		NAME	PD Fredrickson, David	
STREET ADDRESS	825 S. GULFVIEW BLVD. #104		STREET ADDRESS	825 S. Gulfview Blvd. # 211	
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, CEWIN		NAME	VD Carley, Jerry	
STREET ADDRESS	825 S GULFVIEW BLVD #312		STREET ADDRESS	825 S. Gulfview Blvd. # 204	
CITY-ST-ZIP	CLEARWATER BCH, FL		CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONALD, MALCOLM		NAME	D Byrnes, George	
STREET ADDRESS	825 S. GULFVIEW BLVD #110		STREET ADDRESS	825 S. Gulfview Blvd. # 101	
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowerd.					
SIGNATURE: <i>David Fredrickson</i>		Date: 3/2/06		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
David Fredrickson, President					

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