

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722654

FILED
Jan 04, 2010
Secretary of State

Entity Name: CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM

Current Principal Place of Business:

11350 66TH ST N STE 124
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

11350 66TH ST N STE 124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-1456492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLIDAY ISLES PROPERTY MGMT.,INC.
11350 66TH ST N STE 124
-
LARGO, FL 33773 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: TD
Name: BILL SUCKOW
Address: 825 S. GULFVIEW BLVD., #106
City-St-Zip: CLEARWATER BEACH, FL

Title: D
Name: DORAN, RUTH
Address: 825 S. GULFVIEW BLVD. #107
City-St-Zip: CLEARWATER BCH, FL

Title: PD
Name: CARLEY, JERRY
Address: 825 S GULFVIEW BLVD 204
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VD
Name: BUTTON, PAUL
Address: 825 S. GULFVIEW BLVD #203
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: SD
Name: SNIDER, CHERYL
Address: 825 S. GULFVIEW BLVD. #308
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby 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 all other like empowered.

SIGNATURE: HOLIDAY ISLES PROPERTY MGMT

LCAM

01/04/2010

Electronic Signature of Signing Officer or Director

Date