

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90055 016 \*\*\*\*61.25

DOCUMENT # 730698			
1. Entity Name CLEARWATER POINT, INC., NO. 7, A CONDOMINIUM			
Principal Place of Business 851\855 SO BAYWAY BLVD CLEARWATER BEACH, FL 33767		Mailing Address 851\855 SO BAYWAY BLVD CLEARWATER BEACH, FL 33767	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-1889696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CIANFRONE, JOSEPH R 1968 BAYSHORE BLVD. DUNEDIN, FL 34698		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	SEILER, KEN <input type="checkbox"/> Delete	TITLE	V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEILER, KEN	NAME	
STREET ADDRESS	855 S BAYWAY BLVD #607	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH, FL	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILACQUA, TONY	NAME	RUDY MICHALEK
STREET ADDRESS	855 S. BAYWAY BLVD. 208	STREET ADDRESS	855 So. Bayway 707
CITY-ST-ZIP	CLEARWATER BCH, FL	CITY-ST-ZIP	CLEARWATER Bch.
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUZZO, PAT	NAME	EILEEN BOVA
STREET ADDRESS	851 S BAYWAY BLVD. #604	STREET ADDRESS	855 So. Bayway 808
CITY-ST-ZIP	CLEARWATER BCH, FL	CITY-ST-ZIP	CLEARWATER Bch.
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, BERNIE	NAME	MARY PRINGS
STREET ADDRESS	855 S BAYWAY BLVD #101	STREET ADDRESS	851 So. Bayway 801
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP	CLEARWATER Bch.
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	
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 empowered.			
SIGNATURE: <i>Rudy Michalek</i> Rudy Michalek		Date: 1/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 214-418-6307	