FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735676** **(9)**

1. Corporation Name
DOWNTOWN CLEARWATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1985 CLEARWATER FL 34617	P.O. BOX 1985 CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1976**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2954674** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BITMAN, ALAN
645 CLEVELAND ST.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	SELTZER, RICHARD	1.2 NAME		
STREET ADDRESS	617A CLEVELAND ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BITMAN, ALAN	2.2 NAME		
STREET ADDRESS	645 CLEVELAND ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VP	☑ Change ☐ Addition
NAME	WERDER, BARBARA	3.2 NAME	ROSS BANFIELD	
STREET ADDRESS	2122 LONG BOW LANE	3.3 STREET ADDRESS	2989 W. BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34618	3.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640	
TITLE	VD	4.1 TITLE	VP	☑ Change ☐ Addition
NAME	ROLE, DARLENE	4.2 NAME	PAUL DOUGLASS	
STREET ADDRESS	1450 CLEVELAND ST.	4.3 STREET ADDRESS	33 N. GARDEN AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP	CLEARWATER, FLA 34615	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, TERRY	5.2 NAME		
STREET ADDRESS	10 S. MISSOURI	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	SD	☑ Change ☐ Addition
NAME	CLAYTON, SHARON	6.2 NAME	SHARON CLAYTON	
STREET ADDRESS	851 BAYWAY BLVD.	6.3 STREET ADDRESS	647 CLEVELAND ST.	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER, FLA 34615	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/10/95 813 442-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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