

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 748000</b> 1. Entity Name <b>ISLE OF CLEARWATER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SEABOARD HARBORS MANAGEMENT</b> <b>2189 CLEVELAND ST. STE. 225</b> <b>CLEARWATER FL 33765</b> <b>US</b>			Mailing Address <b>SEABOARD HARBORS MANAGEMENT</b> <b>2189 CLEVELAND ST. STE. 225</b> <b>CLEARWATER FL 33765</b> <b>US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-2091837</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEIGHTON, LENNARD A</b> <b>2189 CLEVELAND ST</b> <b>STE 225</b> <b>CLEARWATER FL 33765</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALESSANDRINO, FRANK		NAME	U00000219060	
STREET ADDRESS	200 DOLPHIN POINT #401		STREET ADDRESS	02/08/05-80013-010 61.25	
CITY- ST- ZIP	CLEARWATER FL 33767		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREER, GEORGE		NAME		
STREET ADDRESS	200 DOLPHIN POINT #201		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33767		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILLEBOE, CHARLES		NAME		
STREET ADDRESS	200 DOLPHIN POINT, #103		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33767		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, SCOTT		NAME		
STREET ADDRESS	200 DOLPHIN POINT #402		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33-7676		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, DENNIS		NAME		
STREET ADDRESS	200 DOLPHIN POINT #301		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33767		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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Charles Hilleboe Pres.</i>			<i>7/25/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					