

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90042 013 ****61.25

DOCUMENT # 752476

1. Entity Name

WASHINGTON SQUARE AT CLEARWATER, INC.



Principal Place of Business

2189 CLEVELAND STREET
STE 225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND STREET
STE 225
CLEARWATER FL 33765
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2128007

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEABOARD ARBORS MANAGEMENT
LENNARD A LEIGHTON
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: NANDRAN, ROBERT
STREET ADDRESS: 1740 TOWNSEND RD
CITY-STATE-ZIP: CLEARWATER FL 33765 ☐ Delete

TITLE: PD
NAME: HANIF, FOIZ
STREET ADDRESS: 310 8TH AVE SW
CITY-STATE-ZIP: LARGO FL 33770 ☒ Delete

TITLE: STD
NAME: LITTLE, LOUIS
STREET ADDRESS: 201 WEST SOUTH ST
CITY-STATE-ZIP: KEWANEE IL 42910 ☐ Delete

TITLE: D
NAME: PANDEY, ANJANI
STREET ADDRESS: 2168 GREENBAR BLVD
CITY-STATE-ZIP: CLEARWATER FL 33763 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: PD
NAME: Craig Sines
STREET ADDRESS: 2 W. Fernwood Ave
CITY-STATE-ZIP: Clearwater, FL 33765 ☐ Change ☒ Addition

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: STD
NAME: Bibi Wahab
STREET ADDRESS: 1740 Townsend Rd
CITY-STATE-ZIP: Clearwater, FL 33765 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *

Craig Sines

3/5/08

817-726-7629