2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# 752476

Entity Name: WASHINGTON SQUARE AT CLEARWATER, INC.

Current Principal Place of Business:

2189 CLEVELAND STREET
STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2128007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC.
5901 U. S. 19,
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: QUALIFIED PROPERTY MANAGEMENT INC. 06/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: NANDRAN, ROBERT
Address: 1740 TOWNSEND RD
City-St-Zip: CLEARWATER, FL 33765

Title: PD ( ) Delete
Name: SINES, CRAIG
Address: 2 N. FERNWOOD AVE
City-St-Zip: CLEARWATER, FL 33765

Title: D (X) Delete
Name: LITTLE, LOUIS
Address: 201 WEST SOUTH ST
City-St-Zip: KEWANNEE, IL 42910

Title: D (X) Delete
Name: PANDEY, ANJANI
Address: 2168 GREENBAR BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: STD (X) Delete
Name: WAHAB, BIBI
Address: 1740 TOWNSEND RD
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SINES, CRAIG
Address: 2. N. FERNWOOD AVE.
City-St-Zip: CLEARWATER, FL 33765

Title: S/T (X) Change ( ) Addition
Name: LITTLE, LOUIS
Address: 201 WEST SOUTH ST.
City-St-Zip: KEWANNEE, IL 42910

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY WHITE CO 06/22/2009
Electronic Signature of Signing Officer or Director — Date