


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90165 013 \*\*\*\*61.25

<b>DOCUMENT # 754269</b>			
1. Entity Name <b>CLEARWATER KEY ASSOCIATION-SOUTH BEACH-1460 GULF BLVD., INC.</b>			
Principal Place of Business <b>7300 PARK STREET SEMINOLE, FL 33777</b>		Mailing Address <b>1460 GULF BLVD. CLEARWATER, FL 33767</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RESOURCE PROPERTY MANAGEMENT 7300 PARK ST. SEMINOLE, FL 33777</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



04202005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2073070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>Filing Fee is \$61.25 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 <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAGAFAS, GEORGE</b>		NAME <b>magafas George</b>	
STREET ADDRESS <b>1460 GULF BLVD. #1005</b>		STREET ADDRESS <b>1460 Gulf Blvd, #1005</b>	
CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>		CITY-ST-ZIP <b>Clearwater, FL 33767</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MANDEL, PAUL</b>		NAME <b>Linsky, Loretta</b>	
STREET ADDRESS <b>1460 GULF BLVD #901</b>		STREET ADDRESS <b>1460 Gulf Blvd #601</b>	
CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>		CITY-ST-ZIP <b>Clearwater, FL 33767</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAMILTON, ANDERS</b>		NAME <b>Keidan, Bobby</b>	
STREET ADDRESS <b>1460 GULF BLVD #505</b>		STREET ADDRESS <b>1460 Gulf Blvd #307</b>	
CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>		CITY-ST-ZIP <b>Clearwater, FL 33767</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MIRAS, JULES</b>		NAME <b>Flavan, John</b>	
STREET ADDRESS <b>1460 GULF BLVD. #206</b>		STREET ADDRESS <b>1460 Gulf Blvd. #603</b>	
CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>		CITY-ST-ZIP <b>Clearwater, FL 33767</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KEIDAN, BOBBY</b>		NAME <b>Beiter, Mary</b>	
STREET ADDRESS <b>1460 GULF BLVD, #307</b>		STREET ADDRESS <b>1460 Gulf Blvd. #211</b>	
CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>		CITY-ST-ZIP <b>Clearwater, FL 33767</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROSENFELD, VALENTIN</b>		NAME <b>Tyson, Jack</b>	
STREET ADDRESS <b>1460 GULF BLVD, #805</b>		STREET ADDRESS <b>1460 Gulf Blvd, #605</b>	
CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>		CITY-ST-ZIP <b>Clearwater, FL 33767</b>	

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.

**SIGNATURE:** *Loretta Linsky* Pres. 4/21/05 727-517-1460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Loretta Linsky*