

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90361 011 ****61.25

DOCUMENT # 754269

1. Entity Name

**CLEARWATER KEY ASSOCIATION-SOUTH BEACH-1460
GULF BLVD., INC.**



Principal Place of Business

Mailing Address

2870 SCHERER DR N
100
SAINT PETERSBURG FL 33716

2870 SCHERER DR N
100
SAINT PETERSBURG FL 33716

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2073070

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

**RESOURCE PROPERTY MANAGEMENT
200 N PINE AVE STE A
OLDSMAR FL 34677**

Name

Ben Rabin

Street Address (P.O. Box Number is Not Acceptable)

200 N. Pine Ave, Suite A

City

Oldsmar

FL

Zip Code

34677

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 reinstating)

DATE

2/16/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 VP ☐ Delete
NAME MAGAFAS, GEORGE
STREET ADDRESS 1468 GULF BLVD #1005
CITY-STATE-ZIP CLEARWATER FL 33767

TITLE P ☐ Delete
NAME MONTEFINESE, TOM
STREET ADDRESS 1460 GULF BLVD 106
CITY-STATE-ZIP CLEARWATER BEACH FL 33767

TITLE D ☐ Delete
NAME IYSON, MIKE
STREET ADDRESS 1460 GULF BLVD 605
CITY-STATE-ZIP CLEARWATER BEACH FL 33767

TITLE T ☐ Delete
NAME MEREDITH, LYNN
STREET ADDRESS 1460 GULF BLVD 1007
CITY-STATE-ZIP CLEARWATER BEACH FL 33767

TITLE D ☐ Delete
NAME KEIDAN, BOBBY
STREET ADDRESS 1460 GULF BLVD, #307
CITY-STATE-ZIP CLEARWATER FL 33767

TITLE D ☐ Delete
NAME CORAZZA, DREW
STREET ADDRESS 1460 GULF BLVD 110
CITY-STATE-ZIP CLEARWATER BEACH FL 33767

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE Secretary ☒ 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:

Thomas Montefinse President

3/1/07

727 254 2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Daytime Phone #