2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 759042

Entity Name: CLEARWATER GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CLEARWATER GOLFVIEW
APT 1
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

929 S. KEYSTONE AVE
CLEARWATER, FL 33756 US

New Mailing Address:

606 S BETTY LANE
APT 1
CLEARWATER, FL 33756 US

FEI Number: 59-2288650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOZMOSKI, JOHN JR
9009 SEMINOLE BLVD
STE # 1
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LEMELMAN, DAVID	
Address:	929 S. KEYSTONE ST.	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	TS	( ) Delete
Name:	SCHAAR, THOMAS	
Address:	606 BETTY LN # 5	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	SUESS, MADELINE	
Address:	606 BETTY LN # 2	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	SINOPOLI, MICHAEL	
Address:	606 BETTY LN # 1	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	LEMELMAN, DAVID	
Address:	606 BETTY LN # 6	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	NAMNICK, JANINA	
Address:	606 BETTY LN # 4	
City-St-Zip:	CLEARWATER, FL 33756	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DAMMOUS, ALEXANDRE N	
Address:	606 BETTY LN # 1	
City-St-Zip:	CLEARWATER, FL 33756	
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: THOMAS SCHAAR TS 04/16/2008

Electronic Signature of Signing Officer or Director — Date