


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90040 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760174**

1. Corporation Name

**CLEARWATER POINT, INC., NO. 8**

Principal Place of Business  
 830 S. GULFVIEW BLVD #1001  
 CLEARWATER BEACH FL 34630

Mailing Address  
 830 S. GULFVIEW BLVD #1001  
 CLEARWATER BEACH FL 34630



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/24/1981	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2223760	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAZAN, PAUL 800 S GULFVIEW BLVD STE. 907 CLEARWATER FL 34630				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZAN, PAUL	1.2 NAME	Same
STREET ADDRESS	800 S GULFVIEW BLVD. 907	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	CLEARWATER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLI, PAT	2.2 NAME	Same
STREET ADDRESS	800 S. GULFVIEW BLVD. #706	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABARESE, AL	3.2 NAME	T/D
STREET ADDRESS	800 S. GULFVIEW BLVD, #407	3.3 STREET ADDRESS	Jeanne Motter
CITY-ST-ZIP	CLEARWATER FL 33767	3.4 CITY-ST-ZIP	800 S. GULFVIEW BLVD # 508 CLEARWATER, FL 33767
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARENCE VINCENT	4.2 NAME	VP/D
STREET ADDRESS	830 S GULFVIEW BLVD #305	4.3 STREET ADDRESS	Don Ferris
CITY-ST-ZIP	CLEARWATER FL 33767	4.4 CITY-ST-ZIP	800 S. GULFVIEW BLVD # 503 CLEARWATER, FL 33767
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, JIM	5.2 NAME	Same
STREET ADDRESS	830 S. GULFVIEW BLVD., #405	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Routhy Har
CITY-ST-ZIP		6.4 CITY-ST-ZIP	800 S. GULFVIEW BLVD. # 604 CLEARWATER, FL 33767

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Pazan* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PAZAN, PAUL DATE: 1-28-99 DAYTIME PHONE #: 446-2464

CR2E037 (1/198)