~ 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State

DOCUMENT # 762637 1. Entity Name CLEARWATER BEACH ASSOCIATION, INC.					27S. I		90027 043 ****61.2	
59 BAYMON PO BOX 329	•	Mailing Address 59 BAYMONT ST. PO BOX 3295 CLEARWATER, FL 337	767 US		1 (64)			
2. Principal Place of Business 1164 N E Cleveland St.		3. Malling Address P. O. Box 3295						
Suite, Apt.		Suite, Apt. #, etc.			03082005	Chg-NP	CR2E037 (10/03)	
City & State Clearwater, Fl.		City & State Clearwater Beach, Fl.			4. FEI Numbe 59-2351		 	pplied For ot Applicable
Zlp 33755	Country	Zip 33767	Coun	USA	5. Certificate	of Status Desire	ed S8.75 Ad Fee Regula	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered Agent	
DOBAN	IOUN			Name Doran, John				
DORAN, JOHN 59 BAYMONT STREET				Street Address (P.O. Box Number is Not Acceptable)				
CLEARWA	ATER, FL 33767			1164	N.E. Clev	eland S	St.	
The above named entity submits this statement for the purpose of changing its region.				Clearwater FL Zip Code 33755				
SIGNATURE	John Døran							
SIGIPATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE Registered A	Agent signature	required when roinstating)		DATE	
SIGIPATORE		s and title if applicable. (NOT 9. Election Ca. Trust Fund	ımpaign Fin	nancing	\$5.00 May B	e F	DATE Make check payable florida Department of 8	
10.	Signature, typed or printed name of registered agent Filling Fee is \$61,25 Due by May 1, 2005	9. Election Ca Trust Fund	ımpaign Fin	nancing	\$5.00 May Bound Added to Fees	F	Make check payable	State
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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:

SIGNATURE AND TYPED OR FRUNTED NAME OF STORMING OFFICER OR DIRECTOR

MARCH 9, 2005 (727)

<u>(727) 443-2168</u>

Daytime Phon≎