

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12:06

DOCUMENT # 769824 (4)
1. Corporation Name
CLEARWATER KEY ASSOCIATION-SOUTH BAY, INC.

Principal Place of Business Mailing Address
2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1983 3a. Date of Last Report 04/22/1994
4. FEI Number 59-2303448 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

REARDON, MAUREEN C. CPM
2753 S.R. 580, SUITE 207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KELZER, RALPH
STREET ADDRESS 1501 GULF BLVD, #207
CITY-ST-ZIP CLEARWATER FL
TITLE VD
NAME SCHAFER, JOHN
STREET ADDRESS 1501 GULF BLVD, #804
CITY-ST-ZIP CLEARWATER FL
TITLE VD
NAME MEYER, VIRGINIA
STREET ADDRESS 1501 GULF BLVD, #503
CITY-ST-ZIP CLEARWATER FL
TITLE SD
NAME MASLOWE, HARVEY
STREET ADDRESS 1501 GULF BLVD, #105
CITY-ST-ZIP CLEARWATER FL
TITLE TD
NAME MANNING, JOHN
STREET ADDRESS 1501 GULF BLVD, #304
CITY-ST-ZIP CLEARWATER FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE S/D
1.2 NAME BALDERES, MARYANN
1.3 STREET ADDRESS 1501 GULF BLVD. #506
1.4 CITY-ST-ZIP CLEARWATER FL 34630
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME LEWIS, W. BENTON
3.3 STREET ADDRESS 1501 GULF BLVD. #403
3.4 CITY-ST-ZIP CLEARWATER FL 34630
4.1 TITLE P/D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME LABARBERA, MARIE
5.3 STREET ADDRESS 1501 GULF BLVD. #306
5.4 CITY-ST-ZIP CLEARWATER FL 34630
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Maslowe

2/2/95 593 1397
(Date) (Filing Number)