

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90215 023 ****61.25

DOCUMENT # 769824

1. Entity Name
CLEARWATER KEY ASSOCIATION-SOUTH BAY, INC.



Principal Place of Business

**1501 GULF BLVD
CLEARWATER FL 33767
US**

Mailing Address

**C/O RESOURCE PROPERTY MGMT
100 CLEVELAND AVENUE SW
LARGO FL 33770
US**

2. Principal Place of Business

3. Mailing Address

7300 PARK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEMINOLE, FL

4. FEI Number **59-2303448**

Applied For

Not Applicable

Zip

Country

Zip

Country

33777

US

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
100 CLEVELAND AVE SW
LARGO FL 33770**

Name

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

7300 PARK ST.

City

SEMINOLE

FL

Zip Code

33777

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 *Dorothy Thomas*
Signature, typed or printed name of registered agent and title if applicable.

DOROTHY THOMAS
(NOTE: Registered Agent signature required when reinstating)

1/15/03
DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
NAME **JOHNSON, VICTOR**
STREET ADDRESS **1501 GULF BLVD 204**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PD** ☐ Change ☒ Addition
NAME **MASLOWE, HARVEY**
STREET ADDRESS **1501 GULF BLVD. #105**
CITY-ST-ZIP **CLEARWATER, 33767**

TITLE **TD** ☐ Delete
NAME **LABARBERA, MARIE**
STREET ADDRESS **1501 GULF BLVD #306**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **SD** ☐ Delete
NAME **CLEARY, MARILYN**
STREET ADDRESS **1501 GULF BLVD 105**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE **D** ☒ Delete
NAME **STIEGLER, BOB**
STREET ADDRESS **1501 GULF BLVD #702**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☐ Change ☒ Addition
NAME **DELONG, SCOTT**
STREET ADDRESS **1501 GULF BLVD. #401**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **PD** ☐ Delete
NAME **DUNCAN, JIM**
STREET ADDRESS **1501 GULF BLVD #101**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DUDGEON, FRANK**
STREET ADDRESS **1501 GULF BLVD 407**
CITY-ST-ZIP **CLEARWATER FL**

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

JAN 24 2003

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:

Harvey Maslowe
SIGNATURE

1/13/03

727-581-2662

CR2E037 (10/02)