
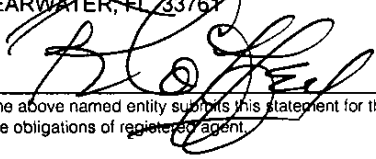
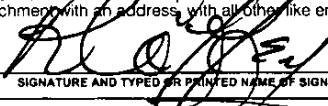


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90025 015 \*\*\*\*61.25

<b>DOCUMENT # N00000002699</b> 1. Entity Name CLEARWATER COUNTRY CLUB MANAGEMENT, INC.					
Principal Place of Business 525 NORTH BETTY LANE CLEARWATER, FL 33756			Mailing Address 525 NORTH BETTY LANE CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03132007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3697958				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BROWN, STEPHEN 3006 EAGLES LANDING WAY #6 CLEARWATER, FL 33761 			7. Name and Address of New Registered Agent Name <u>Robert Coffey</u> Street Address (P.O. Box Number is Not Acceptable) <u>1290 GOLF BLVD. #1704</u> City <u>Clearwater</u> FL Zip Code <u>33767</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4-4-07</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, JOHN C 1647 ST. PAULS DR. CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, ROBERT 1290 GOLF BLVD, # 1704 CLEARWATER, FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGESARE, RICHARD MRS 500 N BETTY LANE CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTS, WALTER 2419 GULF TO BAY LOT 817 CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAATS Walter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2419 Gulf to Bay Lot 817 Clearwater, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, JAMES 143 ISLAND WAY #6 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RAYMOND 13300 INDIAN ROCKS RD #1103 LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date <u>4-4-07</u> Daytime Phone # <u>727-446-9501</u>	