

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004980

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CLEARWATER DOWNTOWN PARTNERSHIP, INC.

## Current Principal Place of Business:

911 CHESTNUT STREET  
CLEARWATER, FL 33756

## New Principal Place of Business:

911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

## Current Mailing Address:

PO BOX 396  
CLEARWATER, FL 33757

## New Mailing Address:

PO BOX 396  
CLEARWATER, FL 33757 US

FEI Number: 20-2834681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

RIVELLINI, PETER A ESQ.  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

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.

SIGNATURE: PETER A. RIVELLINI

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: STURTEVANT, WILLIAM  
Address: 6117 94TH AVE.  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VC ( ) Delete  
Name: WARSHAUER, HOWARD  
Address: 808 ALLEN DR  
City-St-Zip: CLEARWATER, FL 33764

Title: T ( ) Delete  
Name: CLIFFORD, BOB  
Address: 601 CLEVELAND ST #160  
City-St-Zip: CLEARWATER, FL 33755

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: STURTEVANT, WILLIAM  
Address: 6117 94TH AVE.  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VC (X) Change ( ) Addition  
Name: WARSHAUER, HOWARD  
Address: 808 ALLEN DR  
City-St-Zip: CLEARWATER, FL 33764 US

Title: T (X) Change ( ) Addition  
Name: CLIFFORD, BOB  
Address: 601 CLEVELAND ST #160  
City-St-Zip: CLEARWATER, FL 33755 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. STURTEVANT

C

04/28/2009

Electronic Signature of Signing Officer or Director

Date