

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90003 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                                                                                                                                                                 |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>DOCUMENT # M05000009353</b><br>1. Entity Name<br><b>LION'S POINT CLEARWATER CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                                                                                                                                                 |                                                                                     |
| Principal Place of Business<br><b>1142 SUNSET POINT DRIVE<br/>CLEARWATER, FL 33755-1472</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | Mailing Address<br><b>1142 SUNSET POINT DRIVE<br/>CLEARWATER, FL 33755-1472</b>                                                                                                                                                 |                                                                                     |
| 2. Principal Place of Business<br><b>2189 Cleveland St<br/>Suite, Apt. #, etc.<br/>#225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 3. Mailing Address<br><b>2189 Cleveland St<br/>Suite, Apt. #, etc.<br/>#225</b>                                                                                                                                                 |                                                                                     |
| City & State<br><b>Clearwater, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | City & State<br><b>Clearwater, FL</b>                                                                                                                                                                                           |                                                                                     |
| Zip<br><b>33765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | Zip<br><b>33765</b>                                                                                                                                                                                                             |                                                                                     |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | Country<br><b>USA</b>                                                                                                                                                                                                           |                                                                                     |
| 4. FEI Number<br><b>20-4687174</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                          |                                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                           |                                                                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>AQUIRE, ARI<br/>1142 SUNSET POINT DRIVE<br/>CLEARWATER, FL 33755-1472</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Lennard A. Leighton</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2189 Cleveland St #225</b><br>City <b>Clearwater</b> <b>FL</b> Zip Code <b>33765</b> |                                                                                     |
| 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.<br>SIGNATURE  DATE <b>7/26/06</b><br><small>Signature typed or printed name of Registered Agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                 |                                                                                     |
| Filing Fee is <b>\$61.25</b><br>Due by <b>September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                          |                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                           |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SQUIRE, ARI<br>1142 SUNSET POINT DRIVE<br>CLEARWATER, FL 33755-1472     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | PD<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>PHILLIPS, NIKKI<br>1142 SUNSET POINT DRIVE<br>CLEARWATER, FL 33755-1472 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | STD<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | D<br>Jose Gomez<br>1142 Sunset Point Dr<br>Clearwater, FL 33755                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 <b>7/26/06</b> Daytime Phone # <b>727-466-0571</b>                                                                                                                                                                         |                                                                                     |

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