

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Nov 07, 2008**  
**Secretary of State**

DOCUMENT# N05000009353

**Entity Name:** LION'S POINT CLEARWATER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2189 CLEVELAND ST.  
#225  
CLEARWATER, FL 33765

**New Principal Place of Business:**

2189 CLEVELAND ST  
#225  
CLEARWATER, FL 33765

**Current Mailing Address:**

2189 CLEVELAND ST.  
#225  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 20-4687174      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEIGHTON, LENNARD A  
2189 CLEVELAND ST. #225  
CLEARWATER, FL 33765      US

**Name and Address of New Registered Agent:**

TIP MANGEMENT LLC  
9225 ULMERTON RD STEP  
LARGO, FL 33771      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: DAVID STICKLER

11/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SQUIRE, ARI  
Address: 1142 SUNSET POINT DRIVE  
City-St-Zip: CLEARWATER, FL 337551472

Title: STD      (X) Delete  
Name: PHILLIPS, NIKKI  
Address: 1142 SUNSET POINT DRIVE  
City-St-Zip: CLEARWATER, FL 337551472

Title: D      (X) Delete  
Name: GOMEZ, JOSE  
Address: 1142 SUNSET POINT DR.  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: STICKLER, DAVID  
Address: 9225 ULMERTON RD STE P  
City-St-Zip: LARGO, FL 33771

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID STICKLER

MANG

11/07/2008

Electronic Signature of Signing Officer or Director

Date