

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009353

FILED  
May 29, 2009  
Secretary of State

**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:**

**Current Mailing Address:**

2189 CLEVELAND ST.  
#225  
CLEARWATER, FL 33765

**New Mailing Address:**

PO BOX 8111  
MADEIRA BEACH, FL 33708

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:**

TIP MANGEMENT LLC  
9225 ULMERTON RD STEP  
LARGO, FL 33771      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: PD      (X) Change ( ) Addition  
Name: STICKLER, DAVID  
Address: P O BOX 8111  
City-St-Zip: MADEIRA BEACH, FL 33708

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

P

05/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date