

N17000001453

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000035295 3)))



H170000352953ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
Clearwater Beach Vacation Owners Association, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

11-21917

850-617-6381

2/7/2017 4:54:34 PM PAGE 1/001 Fax Server



February 7, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations
CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: CLEARWATER BEACH RESORT VACATION OWNERS ASSOCIATION, INC.
REF: W17000010933

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000035295
Letter Number: 917A00002439

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Clearwater Beach Resort Vacation Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6277 Sea Harbor Drive, Orlando, FL 32821

Mailing address, if different is:
6277 Sea Harbor Drive, Orlando, FL 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a Vacation Owners Association.

17 FEB - 8 AM '90
 SEC. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Written in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amy Bornmann President

Name and Title: _____

Address

6277 Sea Harbor Drive
Orlando, FL 32821

Address: _____

Name and Title: Ramona Harrington Vice President

Name and Title: _____

Address

6277 Sea Harbor Drive
Orlando, FL 32821

Address: _____

Name and Title: Rachel Summers Secretary/Treasurer

Name and Title: _____

Address

6277 Sea Harbor Drive
Orlando, FL 32821

Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporate Creations Network, Inc.
Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

17 FEB -8 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Julie Kisha
Address: 6277 Sea Harbor Drive
Orlando, FL 32821

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Caitlin Lazarus, Special Secretary

Required Signature of Registered Agent

2/8/2017
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator2/8/17
Date