

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90325 041 \*\*\*\*61.25

**DOCUMENT # N21992**

1. Entity Name  
**THE LANDINGS OF CLEARWATER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**15500 N. EVERGREEN ROAD  
CLEARWATER, FL 33762 US**

Mailing Address  
**17565 PO BOX  
CLEARWATER, FL 33762 US**

**50010284**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2720277**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUTTING, FRED  
1801 OAKFORREST DR S  
CLEARWATER, FL 33759**

Name **Dwyer, Michael**  
Street Address (P.O. Box Number is Not Acceptable)

**9415 Laura Ct.**

City **Seminole** **FL** Zip Code **33776**

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.

SIGNATURE **Michael S Dwyer**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-6-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **DWYER, MICHAEL**  
STREET ADDRESS **9415 LAURA CT**  
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Dwyer, Michael**  
STREET ADDRESS **9415 Laura Ct**  
CITY-ST-ZIP **Seminole, FL 33776**

TITLE **DS** ☐ Delete  
NAME **MULLING, JO**  
STREET ADDRESS **461 20TH AVENUE**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **LITTLER, DAVID**  
STREET ADDRESS **10020 86TH WAY N.**  
CITY-ST-ZIP **LARGO, FL 33777**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Delete  
NAME **CUTTING, FRED**  
STREET ADDRESS **1801 OAKFORREST DR S**  
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Opitz, Reinhard**  
STREET ADDRESS **225 Orlando Rd.**  
CITY-ST-ZIP **Belleair, FL 33756**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Dasilva, Ann**  
STREET ADDRESS **3548 98th Terrace**  
CITY-ST-ZIP **Pineles Park, FL 33782**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #