
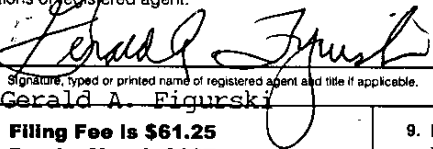
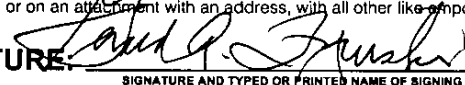


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 018 ****61.25

DOCUMENT # N31185 1. Entity Name CLEARWATER-ST. PETERSBURG-TAMPA GOLDEN TRIANGLE ASSOCIATION, INC.					
Principal Place of Business 2137 LAURENCE DRIVE CLEARWATER, FL 33764 US			Mailing Address 2137 LAURENCE DRIVE CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box # 2550 Permit Place Suite, Apt. #, etc.		3. Mailing Address 2550 Permit Place Suite, Apt. #, etc.			
City & State New Port Richey, FL 34655		City & State New Port Richey, FL 34655		4. FEI Number 59-2947435	
Zip 34655		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOKOR, JOANNE 2137 LAURENCE DRIVE CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name Gerald A. Figurski, Esquire Street Address (P.O. Box Number is Not Acceptable) 2550 Permit Place City New Port Richey FL Zip Code 34655	
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  DATE April 10, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DV <input checked="" type="checkbox"/> Delete NAME LEVY, STANLEY STREET ADDRESS 5210 NEPTUNE WAY CITY-ST-ZIP TAMPA, FL 33609			TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Gerald A. Figurski STREET ADDRESS 2550 Permit Place CITY-ST-ZIP New Port Richey, FL 34655		
TITLE VPD <input checked="" type="checkbox"/> Delete NAME STEWART, ROBERT STREET ADDRESS 4834 WINDMILL PALM TERRACE NE. CITY-ST-ZIP SAINT PETERSBURG, FL 33703			TITLE DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Donald Shea STREET ADDRESS 100 Second Avenue North, Suite 130 CITY-ST-ZIP St. Petersburg, FL 33701		
TITLE ST <input checked="" type="checkbox"/> Delete NAME BOKOR, JOANNE STREET ADDRESS 2137 LAURENCE DRIVE CITY-ST-ZIP CLEARWATER, FL 33764			TITLE DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Geoffrey Simon STREET ADDRESS 3108 South Omar Avenue CITY-ST-ZIP Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 April 10, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gerald A. Figurski, Director/President			Daytime Phone # (727) 942-0733		