

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31185

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** CLEARWATER-ST. PETERSBURG-TAMPA GOLDEN TRIANGLE ASSOCIATION, INC.

**Current Principal Place of Business:**

2550 PERMIT PL  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

1310 45 AVENUE NORTH  
ST PETERSBURG, FL 33703 US

**Current Mailing Address:**

2550 PERMIT PL  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

1310 45 AVENUE NORTH  
ST PETERSBURG, FL 33703 US

**FEI Number:** 59-2947435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIGURSKI, GERALD A ESQ  
2550 PERMIT PL  
NEW PORT RICHEY, FL 34655 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: DP ( ) Delete  
Name: FIGURSKI, GERALD A  
Address: 2550 PERMIT PL  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD ( ) Delete  
Name: SHEA, DONALD  
Address: 100 SECOND AVE NORTH SUITE 130  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DST ( ) Delete  
Name: SIMON, GEOFFREY  
Address: 3108 S OMAR AVE  
City-St-Zip: TAMPA, FL 33629

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

Title: DP (X) Change ( ) Addition  
Name: PUNZAK, DAVID R  
Address: 1310 45 AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VPD (X) Change ( ) Addition  
Name: HENDERSON, PHIL  
Address: 1135 VICTORIA DRIVE #6  
City-St-Zip: DUNEDIN, FL 34698 US

Title: DST (X) Change ( ) Addition  
Name: SIMON, GEOFFREY  
Address: 3108 S OMAR AVE  
City-St-Zip: TAMPA, FL 33629 US

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 R PUNZAK

DP

04/17/2008

Electronic Signature of Signing Officer or Director

Date