

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N92000000318 (7)**

1. Corporation Name

**CLEARWATER MERCHANTS ASSOCIATION INC.**



|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>1305 WOODBINE STREET<br/>CLEARWATER FL 34615</b> | Mailing Address<br><b>1305 WOODBINE STREET<br/>CLEARWATER FL 34615</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**11/17/1992**

4. FEI Number  
**59-3099132**

Applied For  
☒ Not Applicable

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Country<br><b>25</b>                        | Zip<br><b>29</b>                 |
|                                             | Country<br><b>30</b>             |

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30, ☐ Yes ☒ No

|                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>BAKER, ROSE<br/>1305 WOODBINE ST.<br/>CLEARWATER FL 34615</b> |  |
|---------------------------------------------------------------------------------------------------------------------|--|

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| 10. Name and Address of New Registered Agent          |                       |
| 81 Name                                               |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83                                                    |                       |
| 84 City                                               | <b>FL</b> 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

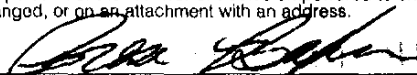
DATE

|                                                |                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                     |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>BAKER, ROSE<br/>1305 WOODBINE STREET<br/>CLEARWATER FL 34615</b> <input type="checkbox"/> DELETE         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>PENDLETON, YVETTE<br/>1303 N GREENWOOD AVE<br/>CLEARWATER FL 34615</b> <input type="checkbox"/> DELETE    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>DIXON, BERNARD<br/>1841 NORTH HIGHLAND AVENUE<br/>CLEARWATER FL 34615</b> <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>WILLIAMSON, ALLYCE<br/>420 HELEN STREET<br/>CLEARWATER FL 34615</b> <input type="checkbox"/> DELETE       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SONEY, BARBARA<br/>211 ORANGEWOOD<br/>CLEARWATER FL 34615</b> <input type="checkbox"/> DELETE              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>DORSEY, BERTHA<br/>1105 ENGMAN ST.<br/>CLEARWATER FL 34615</b> <input type="checkbox"/> DELETE             |

|                                                       |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY-ST-ZIP                                       |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY-ST-ZIP                                       |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY-ST-ZIP                                       |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



5-5-98

CR2E037 (10/97)