


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90025 050 \*\*\*\*61.25

<b>DOCUMENT # N99000006463</b>					
<b>1. Entity Name</b> CLEARWATER BEACH ASSOCIATION FOUNDATION, INC.					
<b>Principal Place of Business</b> 59 BAYMONT ST. CLEARWATER, FL 33767			<b>Mailing Address</b> 59 BAYMONT ST. CLEARWATER, FL 33767		
<b>2. Principal Place of Business</b> 1164 N E Cleveland St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> P. O. Box 3295 Suite, Apt. #, etc.			
<b>City &amp; State</b> Clearwater, Fl.		<b>City &amp; State</b> Clearwater Beach, Fl.		<b>4. FEI Number</b> 59-3627129	
<b>Zip</b> 33755		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DORAN, JOHN 59 BAYMONT ST. CLEARWATER, FL 33767			<b>7. Name and Address of New Registered Agent</b> Name: <u>Doran, John</u> Street Address (P.O. Box Number is Not Acceptable): <u>1164 N. E. Cleveland St.</u> City: <u>Clearwater</u> <b>FL</b> Zip Code: <u>33755</u>		
<b>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.</b>					
SIGNATURE: <u>John Doran</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST DORAN, JOHN 65 VERBENA STREET CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Sec. Davis, Lois 827 Eldorado Ave. Clearwater Beach, Fl. 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV MURPHY, JERRY 959 MANDALAY AVENUE CLEARWATER, FL 33767	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MASSIEU, RAYMOND 817 BRUCE AVENUE CLEARWATER, FL 33767	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP MACNAMEE, DAVID 827 MANDALAY AVENUE CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP Keyes, Jay 100 Devon Drive Clearwater Beach, Fl. 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LEARY, LISA 45 ACACIA STREET CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Tre. Ramos, David I 851 Eldorado Ave. Clearwater Beach, Fl. 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KUBILIUS, LINDA 945 BRUCE AVENUE CLEARWATER, FL 33767	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 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.</b>					
<b>SIGNATURE: Jerry Murphy</b>			3/21/2005 (727) 443-2168		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					