
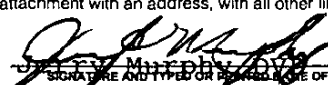


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90018 043 \*\*\*\*61.25

<b>DOCUMENT # N99000006463</b> 1. Entity Name <b>CLEARWATER BEACH ASSOCIATION FOUNDATION, INC.</b>					
Principal Place of Business <b>1164 NE CLEVELAND ST CLEARWATER, FL 33755</b>			Mailing Address <b>P.O. BOX 3295 CLEARWATER, FL 33767</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3627129</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DORAN, JOHN 1164 NE CLEVELAND ST CLEARWATER, FL 33755</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DAVIS, LOIS 827 ELDORADO AVE CLEARWATER BEACH, FL 33767</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec Kim Porte 964 Mandalay Avenue Clearwater Beach, Fl. 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MURPHY, JERRY 959 Mandalay Avenue CLEARWATER, FL 33767</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASSIEU, RAYMOND 817 BRUCE AVENUE CLEARWATER, FL 33767</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KEYES, JAY 100 DEVON DRIVE CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RAMOS, DAVID I 851 ELDORADO AVE CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KUBILIUS, LINDA 945 BRUCE AVENUE CLEARWATER, FL 33767</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D David MacNamee 827 Mandalay Avenue Clearwater Beach, Fl. 33767</b>
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.					
<b>SIGNATURE:</b> 				02/20/2006 727-443-2168	
<small>SIGNATURE AND TITLE OF PERSONAL OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

50000608

