

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # N99000007218

1. Entity Name
CLEARWATER ALL-AMERICAN SERTOMA CLUB, INC.



Principal Place of Business
59 BAYMONT STREET
CLEARWATER, FL 33767

Mailing Address
C/O CHARLES FAZIO
240 SAND KEY ESTATES DR., #64
CLEARWATER, FL 33767



01062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAZIO, CHARLES
240 SAN KEY ESTATES DR., #64
CLEARWATER, FL 33767

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
FAZIO, CHARLES
240 SAND KEY ESTATES DR #64
CLEARWATER BEACH, FL 33767

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SMITH, THOMAS
670 ISLAND WAY #501
CLEARWATER BEACH, FL 33767

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KARRIS, LOUIS
736 ISLAND WAY #805
CLEARWATER BEACH, FL 33767

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
DORAN, JOHN
65 VERBENA STREET
CLEARWATER, FL 33767

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SHARP, JOHN
660 ISLAND WAY #406
CLEARWATER BEACH, FL 33767

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charles Fazio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-05

727-593-8322