

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000046857

1. Entity Name  
CLW REALTY GROUP OF CONNECTICUT, INC.



Principal Place of Business  
4301 ANCHOR PLAZA PARWAY  
SUITE 400  
TAMPA, FL 33634

Mailing Address  
4301 ANCHOR PLAZA PARWAY  
SUITE 400  
TAMPA, FL 33634



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3668370

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARTER, CRAIG  
4301 ANCHOR PLAZA PARWAY  
SUITE 400  
TAMPA, FL 33634

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

000000757533  
05/23/07-80074-020 158.75

**10. OFFICERS AND DIRECTORS**

TITLE D.P.  
NAME VARSAMES, LOUIS  
STREET ADDRESS 4301 ANCHOR PLAZA PARWAY SUITE 400  
CITY-ST-ZIP TAMPA, FL 33634

TITLE D.VP  
NAME ROTHSCHILD, DOUGLAS C  
STREET ADDRESS 4301 ANCHOR PLAZA PARWAY SUITE 400  
CITY-ST-ZIP TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 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 607, 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

(913) 287-2285

Daytime Phone #