

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90161 043 \*\*\*\*61.25

**DOCUMENT # 763123**

1. Entity Name

**VILLAS OF CLEARWATER BEACH CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

15 GLENDALE STREET  
 CLEARWATER BEACH FL 33767  
 US

15 GLENDALE STREET  
 CLEARWATER BEACH FL 33767-1552  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2197129**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**7**  
**SWARTMAN PROP MGMT**  
**2708 PINWOOD CT**  
**CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD**  
**SIBERT, LUTHER**  
 STREET ADDRESS **1199 SHIPWATCH CR**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
**HAKKAART, PETER**  
 STREET ADDRESS **15 GLENDALE ST UNIT A7**  
 CITY-ST-ZIP **LARGO FL**

TITLE  Change  Addition  
 NAME **DV**  
**JOHN M. FLAVAN**  
 STREET ADDRESS **450 S. GULFVIEW BLVD.**  
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE  Delete  
 NAME **D**  
**PARE, CAROL**  
 STREET ADDRESS **15 GLENDALE ST BLDG A-15**  
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MILLARD, EVANGELINE**  
 STREET ADDRESS **111 CHAPLIN PL**  
 CITY-ST-ZIP **GRANVILLE OH 43023**

TITLE  Change  Addition  
 NAME **D**  
**DARLENE MCNEAL**  
 STREET ADDRESS **3437 OTHERDAY CR.**  
 CITY-ST-ZIP **SHAKOPEE, MN. 55379**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 EVANGELINE SIBERT, JR 6/3/27

Date

Daytime Phone #

CR2E037 (9/99)