

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90866 036 ****61.25

DOCUMENT # 763123

1. Entity Name

**VILLAS OF CLEARWATER BEACH CONDOMINIUM ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

15 GLENDALE STREET
 CLEARWATER BEACH FL 33767
 US

15 GLENDALE STREET
 CLEARWATER BEACH FL 33767
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2197129

Applied For

Not Applicable

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

~~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	PD	<input type="checkbox"/> Delete
NAME	SIBERT, LUTHER	
STREET ADDRESS	1199 SHIPWATCH CR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLAVAN, JOHN M	
STREET ADDRESS	450 S. GULFVIEW BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARE, CAROL	
STREET ADDRESS	15 GLENDALE ST BLDG A-15	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNEAL, DARLENE	
STREET ADDRESS	3437 OTHERDAY CR.	
CITY-ST-ZIP	SHAKOPEE MN 55379	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/02 572 2275

CR2E037 (9/01)