

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09356

1. Entity Name

BRIGADOON OF CLEARWATER HOMEOWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

1003 BRIGADOON DRIVE  
CLEARWATER FL

1003 BRIGADOON DRIVE  
CLEARWATER FL

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

59-2908905

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

Name

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

City

FL

Zip Code

THOMAS, DOROTHY  
% RESOURCES PROPERTY MGMT.  
103 CLEVELAND AVE., S.W.  
LARGO FL 33770

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 D  
STREET ADDRESS MARSHALL, RACHEL  
CITY-ST-ZIP 1003 BRIGADOON DR.  
CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS PELLICHO, ROBERT  
CITY-ST-ZIP 2256 ST.CHARLES DR.  
CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ACHINELLI, DIANE  
CITY-ST-ZIP 904 BRIGADOON DR.  
CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS LOCKER, DON  
CITY-ST-ZIP 3304 BRIGADOON DR  
CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS JACOBSEN, SUZANNE C  
CITY-ST-ZIP 902 BRIGADOON  
CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS D'ALLESANDRO, AL  
CITY-ST-ZIP 3201 BRIGADOON DRIVE  
CLEARWATER FL 33759

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90030 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)