

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:19

DOCUMENT # **N22129 (3)**
1. Corporation Name
LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
16834 LECLARE SHORES DRIVE TAMPA FL 33624 **16834 LECLARE SHORES DRIVE TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1987** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-2777340** Applied For / Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MICHAEL J. McDERMOTT, P.A.
791 W. LUMSDEN ROAD
BRANDON FL 33511**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, ROBERT	1.2 NAME	Ashabranner, Laura
STREET ADDRESS	5246 CORVETTE DR.	1.3 STREET ADDRESS	16825 Stanza Ct.
CITY - ST - ZIP	TAMPA FL 33624	1.4 CITY - ST - ZIP	Tampa, FL 33624
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVONSHA, KENNETH B	2.2 NAME	Sipes, Patricia K.
STREET ADDRESS	5120 CORVETTE DR.	2.3 STREET ADDRESS	16816 LeClare Shores Dr.
CITY - ST - ZIP	TAMPA FL 33624	2.4 CITY - ST - ZIP	Tampa, FL 33624
TITLE	DS	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGGS, ELSIE N	3.2 NAME	Daniels, Angelene C.
STREET ADDRESS	16835 STANZA COURT	3.3 STREET ADDRESS	16859 LeClare Shores Dr.
CITY - ST - ZIP	TAMPA FL 33624	3.4 CITY - ST - ZIP	Tampa, FL 33624
TITLE	T	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, EILEEN F	4.2 NAME	Locke, Llewellyn
STREET ADDRESS	5246 CORVETTE DR.	4.3 STREET ADDRESS	16861 LeClare Shores Dr.
CITY - ST - ZIP	TAMPA FL 33624	4.4 CITY - ST - ZIP	Tampa, FL 33624
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Laura Ashabranner* **Laura Ashabranner** 3-20-95 813-265-1613
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number