

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 06 1996 8:00 am
Secretary of State

DOCUMENT # N22129 (3)

1. Corporation Name
LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **08/19/1987**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2777340**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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: **MICHAEL J. BRUDNY P.A**
82 Street Address (P.O. Box Number is Not Acceptable): **ONE URBAN CENTER SUITE 985**
83: **4830 WEST KENNEDY BLVD**
84 City: **TAMPA FL** 85 Zip Code: **33609**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0504, Florida Statutes.

SIGNATURE: *Michael J. Brudny* **Michael J. Brudny** 6/1/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ASHABRANNER, LAURA	
STREET ADDRESS	16825 STANZA CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIPES, PATRICIA K.	
STREET ADDRESS	16816 LECLARE SHORES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, ANGELENE C.	
STREET ADDRESS	16859 LECLARE SHORES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOCKE, LLEWELLYN	
STREET ADDRESS	16861 LECLARE SHORES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARILYN PERLMAN	
1.3 STREET ADDRESS	5213 CORVETTE DR.	
1.4 CITY-ST-ZIP	TAMPA FL 33624	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIPES, PATRICIA K.	
2.3 STREET ADDRESS	16816 LECLARE SHORES DR	
2.4 CITY-ST-ZIP	TAMPA FL 33624	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHYLLIS DORITY	
3.3 STREET ADDRESS	5105 CORVETTE DR	
3.4 CITY-ST-ZIP	TAMPA FL 33624	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia K Sipes* **Patricia K Sipes** 5/1/96 813.2730798
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)