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Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/19/1987	
4. FEI Number 59-2777340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**MICHAEL J. BRUDNY P.A.
ONE URBAN CENTER, SUITE 785
4830 W. KENNEDY BLVD.
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 617.0503, Florida Statutes.

SIGNATURE: *Michael J. Brudny* DATE: **1/27/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERLMAN, MARILYN	
STREET ADDRESS	5213 CORVETTE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" 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	DARITY, PHYLLIS	
STREET ADDRESS	5105 CORVETTE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, LLEWELLYN	
STREET ADDRESS	16881 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	PRESIDENT DIRECTOR	<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 33624	
2.1 TITLE	VICE PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Addition
2.2 NAME	MOHAMAD VATANDUST	
2.3 STREET ADDRESS	5151 CORVETTE DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33624	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Laura Gregory	
3.3 STREET ADDRESS	16825 Stawela Ct	
3.4 CITY-ST-ZIP	Tampa FL 33624	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tony Colletti	
4.3 STREET ADDRESS	5003 Corvette Dr	
4.4 CITY-ST-ZIP	Tampa FL 33624	
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 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 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: *Llewellyn Locke* **LLEWELLYN LOCKE** Jan 25, 1998 8:12 9b1.1097

CR2E037 (10/97)