


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90186 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N22129

1. Corporation Name
LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.

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| Principal Place of Business 16834 LECLARE SHORES DRIVE TAMPA FL 33624 | Mailing Address 16834 LECLARE SHORES DRIVE TAMPA FL 33624 |
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573011-90026-15



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| 2. Principal Place of Business 21 | 2a. Mailing Address 28 | 3. Date Incorporated or Qualified 08/19/1987 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2777340 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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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 <i>Patricia S. Finger P.A.</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>420 W. Platt Street</i> 83 <i>Old Hyde Park</i> 84 City <i>Tampa</i> FL 85 Zip Code <i>33606</i> |
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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: *[Signature]* DATE: *May 28, 1999*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| TITLE: PD | NAME: PERLMAN, MARILYN | 1.1 TITLE: SD | 1.2 NAME: <i>Patricia S. Finger, marcia L.</i> |
| STREET ADDRESS: 5213 CORVETTE DRIVE | CITY-ST-ZIP: TAMPA FL 33624 | 1.3 STREET ADDRESS: 5106 Corvete Drive | 1.4 CITY-ST-ZIP: Tampa, FL 33624 |
| TITLE: VPD | NAME: VATANDUST, MOHAMMAD | 2.1 TITLE: <i>delete</i> | 2.2 NAME: <i>O'Hara, Victoria</i> |
| STREET ADDRESS: 5151 CORVETTE DRIVE | CITY-ST-ZIP: TAMPA FL 33624 | 2.3 STREET ADDRESS: 11855 Leclare Shores Drive | 2.4 CITY-ST-ZIP: Tampa, FL 33624 |
| TITLE: SD | NAME: GREGORY, LAURA | 3.1 TITLE: PD | 3.2 NAME: <i>[blank]</i> |
| STREET ADDRESS: 16825 STAWZA COURT | CITY-ST-ZIP: TAMPA FL 33624 | 3.3 STREET ADDRESS: <i>[blank]</i> | 3.4 CITY-ST-ZIP: <i>[blank]</i> |
| TITLE: T | NAME: COLLEU, TONY | 4.1 TITLE: VPD | 4.2 NAME: <i>[blank]</i> |
| STREET ADDRESS: 5003 CORVETTE DRIVE | CITY-ST-ZIP: TAMPA FL 33624 | 4.3 STREET ADDRESS: 5005 Corvete Drive | 4.4 CITY-ST-ZIP: <i>[blank]</i> |
| TITLE: <i>[blank]</i> | NAME: <i>[blank]</i> | 5.1 TITLE: D | 5.2 NAME: <i>Lake, Hewellyn</i> |
| STREET ADDRESS: <i>[blank]</i> | CITY-ST-ZIP: <i>[blank]</i> | 5.3 STREET ADDRESS: 11851 Leclare Shores Drive | 5.4 CITY-ST-ZIP: Tampa, FL 33624 |
| TITLE: <i>[blank]</i> | NAME: <i>[blank]</i> | 6.1 TITLE: <i>[blank]</i> | 6.2 NAME: <i>[blank]</i> |
| STREET ADDRESS: <i>[blank]</i> | CITY-ST-ZIP: <i>[blank]</i> | 6.3 STREET ADDRESS: <i>[blank]</i> | 6.4 CITY-ST-ZIP: <i>[blank]</i> |

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4-30-99* DAYTIME PHONE #: *813-265-0765*

CR2E037 (11/98)