

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90060 045 ****61.25

0082742

DOCUMENT # N22129

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2777340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S, PATRICIA
420 W PLATT ST
BLDE HYDE PK
TAMPA FL 33606

Name

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

City

FL

Zip Code

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:
FEES 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 NAME Delete
SD
FINGER, MARCIA A
 STREET ADDRESS **5106 CORVETTE DR**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
VPD
VATANDUST, MOHAMMAD
 STREET ADDRESS **5151 CORVETTE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
DP
GREGORY, LAURA
 STREET ADDRESS **16825 STAWZA COURT**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
PD
GREGORY, Laura
 STREET ADDRESS **16825 STANZACT**
 CITY-ST-ZIP **Tampa FL 33624**

TITLE NAME Delete
VPD
COLLELI, TONY
 STREET ADDRESS **5005 CORVETTE DR**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
TD
LOCKE, HEWELLYN
 STREET ADDRESS **16861 STORES DR**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
TD
LOCKE, LLEWELLYN
 STREET ADDRESS **16861 LeClare Shores dr**
 CITY-ST-ZIP **Tampa FL 33624**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
Michael Wiatrak
 STREET ADDRESS **16842 LeClare Shores dr**
 CITY-ST-ZIP **TAMPA FL 33624**

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 REQUIRED** *April 23, 2001 (813) 961-600*

CR2E037 (10/00)