

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

02-27-2002 90045 004 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number

59-2777340

Applied For

Not Applicable

5. Certificate of Status

Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

S. PATRICIA
420 W PLATT ST
BLDE HYDE PK
TAMPA FL 33608

Name

Sharman Killian

Street

Greenacre Properties, Inc.

City

4131 Gunn Highway

Tampa, FL 33624

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

Sharman L. Killian

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/15/02

DATE

FILE NOW: FEE 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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FINGER, MARCIA A	
STREET ADDRESS	5108 CORVETTE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, LAURA	
STREET ADDRESS	16825 STANZA CT.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOCKE, HEWELLYN	
STREET ADDRESS	16861 LECLARE SHORES DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIATRAC, MICHAEL	
STREET ADDRESS	16842 LE CLARE SHORES DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory, Laura	
STREET ADDRESS	16825 Stanza Ct	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Locke, Hewellyn	
STREET ADDRESS	16861 LeClare Shores Drive	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiatrak, Michael	
STREET ADDRESS	16842 LeClare Shores Drive	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, Willie	
STREET ADDRESS	16852 LeClare Shores Dr	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael, Lynn	
STREET ADDRESS	5208 Corvette Dr	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharman L. Killian 5/15/02 (813) 276-6039

CR2E037 (9/01)