

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22129

**Entity Name:** LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3903 NORTHDALÉ BLVD.  
SUITE 250W  
TAMPA, FL 33624

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**9139173482CC**

**Current Mailing Address:**

3903 NORTHDALÉ BLVD.  
SUITE 250W  
TAMPA, FL 33624 US

**FEI Number:** 59-2777340

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

APPLETON, ERIC  
APPLETON REISS, PLLC  
215 N HOWARD AVE SUITE 200  
TAMPA, FL 33606 US

*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:** ERIC APPLETON

04/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHULZKI, LYNN  
Address        3001 EXECUTIVE DRIVE  
                  SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            VP  
Name            EVANS, WILLIAM A.  
Address        3001 EXECUTIVE DRIVE  
                  SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            TREASURER  
Name            WIATRÁK, MICHAEL  
Address        3001 EXECUTIVE DRIVE  
                  SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            DIRECTOR  
Name            DRAGO, ANGELA  
Address        3001 EXECUTIVE DRIVE  
                  SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            SECRETARY  
Name            JACAMAN-ROBLES, VALERY  
Address        3001 EXECUTIVE DRIVE  
                  SUITE 260  
City-State-Zip: CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LYNN SCHULZKI

**PRESIDENT**

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date