

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22129

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

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**1796999536CC**

**Current Principal Place of Business:**

3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER, FL 33762

**Current Mailing Address:**

3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER, FL 33762 US

**FEI Number: 59-2777340**

**Certificate of Status Desired: No**

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

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER, FL 33762 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:** CONDOMINIUM ASSOCIATES

04/28/2022

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            DIRECTOR  
Name            DRANGO, ANGELA  
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, SECRETARY  
Name            WIATRAK, MICHAEL  
Address        3001 EXECUTIVE DRIVE  
                  SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            DIRECTOR  
Name            JACAMANN-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:** SCHULZKI , LYNN

**PRESIDENT**

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date