## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 216939** 

Name:

Address:

City-St-Zip:

Entity Name: CLEARVIEW OAKS MANAGEMENT, INC.

FILED Feb 22, 2008 Secretary of State

LINKY NAME: CLEARVIEW OARS WANAGEWENT, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
8447 S.W. OCALA, FL	99TH STREET 34481	ROAD					
Current Mailing Address:			New Maili	New Mailing Address:			
8447 S.W. OCALA, FL	99TH STREET 34481	ROAD					
FEI Number:	59-0932735	FEI Number Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desired ( )		
Name and	Address of Co	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
DEVITÓ& ( 7243 BRYA	ERALD R ESQ COLEN AN DAIRY RD _ 33777 US						
The above in the State		ubmits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,		
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ag	ent		Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COLEN, SIDNEY	ARKWAY BLVD. WEST	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	COLEN, INA A	Delete ARKWAY BLVD. WEST FL 33763	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () COLEN, KENNE 8447 S.W. 99TH OCALA, FL 344	STREET ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	( ) 1	Delete	Title	DVP	( ) Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

COLEN, LESLÉE R

CLEARWATER, FL 33763

2291 WORLD PARKWAY BLVD WEST

SIGNATURE: KENNETH D COLEN PRES 02/22/2008