

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 216939

FILED
Feb 26, 2009
Secretary of State

Entity Name: CLEARVIEW OAKS MANAGEMENT, INC.

Current Principal Place of Business:

8447 S.W. 99TH STREET ROAD
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8447 S.W. 99TH STREET ROAD
OCALA, FL 34481

New Mailing Address:

FEI Number: 59-0932735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEN, GERALD R ESQ
DEVITO& COLEN
7243 BRYAN DAIRY RD
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: COLEN, SIDNEY
Address: 2291 WORLD PARKWAY BLVD. WEST
City-St-Zip: CLEARWATER, FL 33763

Title: DS () Delete
Name: COLEN, INA A
Address: 2291 WORLD PARKWAY BLVD. WEST
City-St-Zip: CLEARWATER, FL 33763

Title: DP () Delete
Name: COLEN, KENNETH D
Address: 8447 S.W. 99TH STREET ROAD
City-St-Zip: OCALA, FL 34481

Title: DVP () Delete
Name: COLEN, LESLEE R
Address: 2291 WORLD PARKWAY BLVD WEST
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KENNETH D. COLEN

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date