

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-10-2004 90024 021 ****61.25

DOCUMENT # 756740 1. Entity Name CLUBHOUSE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 15556 CLEARWATER, FL 33766			Mailing Address P.O. BOX 15556 CLEARWATER, FL 33766		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2107934	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent METCALF, JIM 3048 AUGUSTA DRIVE WEST CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name SONYA MAYURI Street Address (P.O. Box Number is Not Acceptable) 2689 COUNTRY CLUB DR City CLEARWATER FL Zip Code 33761	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE DATE 3/24/04 Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, TIMOTHY R 2830 CLUBHOUSE DRIVE WEST CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONYA MAYURI 2689 COUNTRY CLUB DR CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGENBACK, TIM 2686 ALLAPATTAH DR. CLEARWATER, FL 33761	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAIL SHAW 2972 CLUBHOUSE DR W CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METCALF, JIM 3048 AUGUSTA DR. W CLEARWATER, FL 33761	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE ROBB 3173 MASTERS DRIVE CLEARWATER FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PACKLER, MEL 3124 MASTERS DRIVE CLEARWATER, FL 33761	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDAN SENAR 2657 AUGUSTA DRIVE SOUTH CLEARWATER FL 33761	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYER, PAT 2687 WESTCHESTER DR. N. CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLE, DEBORAH 2657 WESTCHESTER DRIVE NORTH CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: DATE 2/15/04 (727) 726-3310 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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