


2005 **FOR PROFIT CORPORATION** *page 1*
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90084 038 ***150.00

DOCUMENT # <i>H01484</i>	
1. Entity Name <i>Twin Palms Home Owners Assoc.</i> <i>CLEARWATER INC. OF</i>	

DO NOT WRITE IN THIS SPACE

40046413

2. Principal Place of Business <i>Twin Palms Home Owners</i>		3. Mailing Address <i>14300 66th St. N</i>	
Suite, Apt. #, etc. <i>Lot #218</i>		Suite, Apt. #, etc. <i>Lot #218</i>	
City & State <i>CLEARWATER, FL</i>		City & State <i>CLEARWATER, FL</i>	
Zip <i>33764</i>	Country <i>USA</i>	Zip <i>33764</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>59-2051759</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>NANCY E. BRADFORD</i>		
		Street Address (P.O. Box Number is Not Acceptable) <i>14300 66th St. N.</i>	
		<i>Lot #218</i>	
		City <i>CLEARWATER</i>	FL Zip Code <i>33764</i>

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 *Nancy E. Bradford* *Nancy E. Bradford* *4-1-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES.</i> <i>Cliff Leacock</i> <i>14300 66th St. N. #900</i> <i>CLEARWATER, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> <i>John Hishiro</i> <i>14300 66th St. N. #112</i> <i>CLEARWATER, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEC.</i> <i>Sheila Ladd</i> <i>14300 66th St. N. #406</i> <i>CLEARWATER, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREAS.</i> <i>NANCY BRADFORD</i> <i>14300 66th St. N. #218</i> <i>CLEARWATER, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> <i>JAMES BRAXTON</i> <i>14300 66th St. N. #451</i> <i>CLEARWATER, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> <i>JOE JOHNSON</i> <i>14300 66th St. N. #700</i> <i>CLEARWATER, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.


SIGNATURE: *Nancy E. Bradford* *Nancy E. Bradford* *727-531-1964*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-1-05 Daytime Phone #

CR2E034B (12/02)

2005 **FOR PROFIT CORPORATION** *Page 2*
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H 01484**

1. Entity Name
Twin Palms Home Owners Assoc
CLEARWATER INC OF



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2. Principal Place of Business Twin Palms Home Owners Suite, Apt. #, etc. Lot # 218		3. Mailing Address 143 66th St. N. Suite, Apt. #, etc. Lot # 218	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33764	Country USA	Zip 33764	Country USA

ATTACHMENT

40046413

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DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2051759		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Nancy E. Bradford Street Address (P.O. Box Number is Not Acceptable) 14300 66th St. N. Lot # 218 City CLEARWATER FL Zip Code 33764		

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARON LEONE 14300 66th St. N. # 423 CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYN LUNG MUS 14300 66th St. N. #1002 CLEARWATER FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA MERLOW 14300 66th St. N. #907 CLEARWATER FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAN LOUE 14300 66th St. N. #702 CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)