

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000009308

1. Entity Name
THE LOFTS OF CLEARWATER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1968 BAYSHORE BLVD
DUNEDIN FL 34698**

Mailing Address
**1968 BAYSHORE BLVD
DUNEDIN FL 34698**

2. Principal Place of Business
**423 Cleveland St.
Suite, Apt. #, etc. St 100
City & State **CLEARWATER, FL 33755**
Zip **33755** Country **USA****

3. Mailing Address
**423 Cleveland St.
Suite, Apt. #, etc. St 100
City & State **CLEARWATER, FL 33755**
Zip **33755** Country **USA****

FILED
04 JUN 24 AM 3:16
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
4-12-04 96251 012
6/25
MOORE CR2E037 (11/03)



4. FEI Number: **54-2149774** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CIANFRONE, JOSEPH R ESQ.
1968 BAYSHORE BLVD
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent
Name **BERNARD REICHEL**
Street Address (P.O. Box Number is Not Acceptable)
423 CLEVELAND STREET ST-100
City **CLEARWATER** FL Zip Code **33755**

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 the registered agent.

SIGNATURE **BERNARD REICHEL** **REGISTERED AGENT** **4-5-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHEL, BERNARD K JR. 423 CLEVELAND ST CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHLER, IDO 423 CLEVELAND ST CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALTIN, PATRICK 423 CLEVELAND ST CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **BERNARD REICHEL** **4-5-04** **727-447-5579**
Signature and typed or printed name of signing officer or director Date Daytime Phone #