

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010952 1. Entity Name CLEARVIEW OAKS MANAGEMENT ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 2069 WORLD PKWY BLVD. CLEARWATER FL 33763			Mailing Address 8447 SW 99TH STREET ROAD OCALA FL 34481																																																																																																																																						
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		4. FEI Number 59-2000002																																																																																																																																					
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent COLEN, GERALD R 7243 BRYAN DAIRY RD. LARGO FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																					
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not standing) DATE																																																																																																																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																					
Make Check Payable to Florida Department of State																																																																																																																																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an other like empowered.

SIGNATURE _____