

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90087 038 ****61.25

DOCUMENT # N03000011097 1. Entity Name JAPANESE GARDEN OF CLEARWATER HOME OWNERS ASSOCIATION INC.						
Principal Place of Business 2674 RICKSHAW DR CLEARWATER, FL 33764			Mailing Address 2674 RICKSHAW DR CLEARWATER, FL 33764			
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 81-0646866		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAVENER, JOHN 2674 RICKSHAW DR CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reinstating)						
Filing Fee is \$81.25 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	PD EVELAND, JAMES F 2679 TEAKWOOD DR CLEARWATER, FL 33764 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANNELL, LEWIS 1297 PEKINESE DR CLEARWATER, FL 33764 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANNELL, LEWIS 1297 PEKINESE DR CLEARWATER, FL 33764 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHMAN, LARRY 2678 REAKWOOD DR CLEARWATER, FL 33764 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRISCOLL, RICHARD E 2678 RICKSHAW DR CLEARWATER, FL 33764 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, CHARLES 1283 TEAHOUSE DR CLEARWATER, FL 33764 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAVENER, JOHN 2674 RICKSHAW DR CLEARWATER, FL 33764 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELAND, JIM 2679 TEAKWOOD DR CLEARWATER, FL 33764 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPPLE, JOYCE 2659 OSAKA DR CLEARWATER, FL 33764 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POHLSON, SALLE 2636 FUJIANA DR CLEARWATER, FL 33764 ☐ 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: Charles A. Braun				CHARLES A. BRAUN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		
4/13/04				727-531-5109		

94053363



03292004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

8.75 Additional Fee Required

FL Zip Code

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FL Zip Code

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Attachment
94053363

DOCUMENT # N03000011097

1. Entity Name
JAPANESE GARDEN OF CLEARWATER HOME OWNERS
ASSOCIATION INC.



Principal Place of Business
2674 RICKSHAW DR
CLEARWATER, FL 33764

Mailing Address
2674 RICKSHAW DR
CLEARWATER, FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292004

Chg-NP

CR2E037 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAVENER, JOHN
2674 RICKSHAW DR
CLEARWATER, FL 33764

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's signature required when resigning)

DATE

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 PD ☒ Delete
NAME EVELAND, JAMES F
STREET ADDRESS 2679 TEAKWOOD DR
CITY-STATE-ZIP CLEARWATER, FL 33764

TITLE VD ☒ Delete
NAME CHANNELL, LEWIS
STREET ADDRESS 1297 PEKINESE DR
CITY-STATE-ZIP CLEARWATER, FL 33764

TITLE SD ☐ Delete
NAME DRISCOLL, RICHARD E
STREET ADDRESS 2678 RICKSHAW DR
CITY-STATE-ZIP CLEARWATER, FL 33764

TITLE TD ☒ Delete
NAME RAVENER, JOHN
STREET ADDRESS 2674 RICKSHAW DR
CITY-STATE-ZIP CLEARWATER, FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME GANG, SUE
STREET ADDRESS 2652 OSAKA DR
CITY-STATE-ZIP CLEARWATER, FL 33764

TITLE D ☐ Change ☒ Addition
NAME RAVENER, DOT
STREET ADDRESS 2674 RICKSHAW DR
CITY-STATE-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-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 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: Charles A. Braun CHARLES A. BRAUN

4/13/04

727-531-5109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #