

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2005 90084 040 ****61.25

DOCUMENT # N03000011097					
1. Entity Name JAPANESE GARDEN OF CLEARWATER HOME OWNERS ASSOCIATION INC.					
Principal Place of Business 2674 RICKSHAW DR 1283 TEAHOUSE DR CLEARWATER, FL 33764			Mailing Address 2674 RICKSHAW DR 1283 TEAHOUSE DR CLEARWATER, FL 33764		
2. Principal Place of Business 1283 TEAHOUSE DR		3. Mailing Address 1283 TEAHOUSE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 81-0646866	
Zip 33764		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: CHARLES A. BRAUN Street Address (P.O. Box Number is Not Acceptable): 1283 TEAHOUSE DR City: CLEARWATER FL Zip Code: 33764		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CHANNELL, LEWIS 1297 PEKINESE DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sue Gang 2652 Osaka Drive Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHMAN, LARRY 2678 REAKWOOD DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Schroth 2647 Teakwood Drive Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRISCOLL, RICHARD E 2678 RICKSHAW DR CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Salle Pohlson 2636 Fujiwara Drive Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, CHARLES 1283 TEAHOUSE DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy Ravener 2674 Rickshaw Drive Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPPLE, JOYCE 2659 OSAKA DRIVE CLEARWATER, FL 33764	<input checked="" 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	<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: Charles A. Braun Treasurer			4/1/05 727-531-5109		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		