

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003028

FILED
May 01, 2009
Secretary of State

Entity Name: FOUR SEASONS TOWNHOMES OF CLEARWATER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

611 S. FORT HARRISON AVE.
SUITE 351
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

611 S. FORT HARRISON AVE.
SUITE 351
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-4918126 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADHIKARI, SIMEE
611 S. FORT HARRISON AVE.
SUITE 351
CLEARWATER, FL 33756 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IKAJEVS, DANIELS
Address: 611 S. FORT HARRISON AVE., SUITE 351
City-St-Zip: CLEARWATER, FL 33756

Title: DPS () Delete
Name: ADHIKARI, SIMEE
Address: 611 S. FORT HARRISON AVE., SUITE 351
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: ADHIKARI, SHELLY
Address: 611 S. FORT HARRISON AVE., SUITE 351
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMEE ADHIKARI

DPS

05/01/2009

Electronic Signature of Signing Officer or Director

Date