

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009203

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** CLEARVIEW OAKS MANAGEMENT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2069 WORLD PARKWAY BOULEVARD  
CLEARWATER, FL 33763

**New Principal Place of Business:**

720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677

**Current Mailing Address:**

2069 WORLD PARKWAY BOULEVARD  
CLEARWATER, FL 33763

**New Mailing Address:**

720 BROOKER CREEK BLVD.  
206  
OLDSMAR, FL 34677

**FEI Number:** 59-2000002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUBUCHON, JOSHUA D  
215 S MONROE STREET  
SUITE 200  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

SCANNAVINO, DOMINICK  
720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO

02/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GIRARD, ROBERT  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD  
Name: GIACOLETTI, JOHN  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD  
Name: DOUGLAS, MICHAEL R  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: STD  
Name: AVICOLLI, BARBARA  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: MATTSO, ROBERT  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: ROBERT GIRARD

PD

02/10/2010

Electronic Signature of Signing Officer or Director

Date