

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 29, 2012  
Secretary of State**

DOCUMENT# N10000001780

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

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 27-2890616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCANNAVINO, INC.  
729 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677 US

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

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: PD  
Name: TESELLE, NATALIE  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: VD  
Name: GALICO, JACK  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: TD  
Name: O'SICK, PHILLIP  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: SD  
Name: HENISA, SEAN  
Address: 720 BROOKER CREEK BLVD. #206  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: WALTERS, THEODORE  
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: NATALIE TESELLE

PD

02/29/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date