

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N35986**

1. Entity Name

CLEARVIEW LAKE ESTATES HOMEOWNERS ASSOCIATION, I**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90113 023 ****61.25

Principal Place of Business

Mailing Address

**C/O PAT MOORE, SECRETARY
1773 SUNRISE PLACE
CLEARWATER FL 33755****C/O PAT MOORE, SECRETARY
1773 SUNRISE PLACE
CLEARWATER FL 33755-1650**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2991539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

- 6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, PATSY A
1773 SUNRISE PLACE
CLEARWATER FL 33755**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEIGAND, WILLIAM III 1924 SKY DR CLEARWATER FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, W. BRUCE 1952 Clearview Lake Dr Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, W. BRUCE 1952 CLEARVIEW LAKE DR CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COBBS, ELITA D 1912 Clearview Lake Dr Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, PAT 1773 SUNRISE PL CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPENCER, BRENDA 1742 Algonquin Dr Clearwatr, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEVESQUE, JULIE B 1706 STARLIGHT DR CLEARWATER FL 33755 <input 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	D ROBERTSON, NORMA 1923 SKY DR CLEARWATER FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, PAT 1773 Sunrise Place Clearwater, FL 33755-1650 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULGIATI, RUSSELL J 1975 SKY DR CLEARWATER FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKLARSKI, CHARLES M 1936 Clearview Lake Dr Clearwater, FL 33755 <input checked="" 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:

SIGATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-2000

CR2E037 (9/99)

N35986

A0027628

1773 Sunrise Place
Clearwater, FL 33755-1650
March 1, 2000

DIVISION OF CORPORATIONS Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Gentlemen: RE: Clearview Lake Estates Homeowners Assn., Inc.
Non-Profit Corporation Annual Report 2000 Document # N35986

Enclosed is our check in the amount of \$61.25 payable to Department of State along
with our 2000 UBR.

In addition to the changes on page 1 of the form, please note the following:

No Change

D

Ann Downey
1748 Algonquin Dr
Clearwater, FL 33755-1669

Change:

D

Brenda Spencer
1742 Algonquin Dr
Clearwater, FL 33755-1669

No Change

D

Laura Potter
1707 Algonquin Dr
Clearwater, FL 33755-1608

Delete

D

James G and Ellen M Hess
1724 Sunset Point Rd
Clearwater, FL 33755-1661

D

John Miller
1736 Algonquin Dr
Clearwater, FL 33755-1669

Very truly yours,


Pat Moore, Registered Agent

PM:pm
enclosures (2)