

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0062917

DOCUMENT # N35986

1. Entity Name

CLEARVIEW LAKE ESTATES HOMEOWNERS ASSOCIATION, I

03-09-2001 90488 032 ****61.25

Principal Place of Business C/O PAT MOORE, SECRETARY 1773 SUNRISE PLACE CLEARWATER FL 33755		Mailing Address C/O PAT MOORE, SECRETARY 1773 SUNRISE PLACE CLEARWATER FL 33755		4. FEI Number 59-2991539		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOORE, PATSY A 1773 SUNRISE PLACE CLEARWATER FL 33755				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, W. BRUCE			NAME			
STREET ADDRESS	1952 CLEARVIEW LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, PAT			NAME			
STREET ADDRESS	1773 SUNRISE PL			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBBS, ELITA D			NAME			
STREET ADDRESS	1912 CLEARVIEW LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, BRENDA			NAME			
STREET ADDRESS	1742 ALGONQUIN DR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKLARSKI, CHARLES M			NAME			
STREET ADDRESS	1936 CLEARVIEW LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE				TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Robertson, Norma		
STREET ADDRESS				STREET ADDRESS	1923 SKY DR		
CITY-ST-ZIP				CITY-ST-ZIP	clearwater FL 33755		

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: Patsy A Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2001 727-447-1198
 Date Daytime Phone #

CR2E037 (10/00)