


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90172 049 ****61.25

DOCUMENT # N35986

1. Entity Name
CLEARVIEW LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
**C/O PAMELA DONOVAN, TREASURER
 1916 SKY DRIVE
 CLEARWATER, FL 33755**

Mailing Address
**C/O PAMELA DONOVAN, TREASURER
 1916 SKY DRIVE
 CLEARWATER, FL 33755**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03012005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2991539

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DONOVAN, PAMELA
 1916 SKY DRIVE
 CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, DEREK 1727 ALGONGUIN DRIVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, BRUCE 1952 CLEARVIEW LAKE DRIVE CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DONOVAN, PAM 1916 SKY 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	DV JACKSON, JOANNE 1900 CLEARVIEW LAKE 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	DS HESS, ELLEN 1724 SUNSET POINT ROAD CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, ANN 1960 CLEARVIEW LAKE DRIVE CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, BRUCE 1952 CLEARVIEW LAKE DR CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVESQUE, DAN 1706 STARLIGHT DRIVE CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ANN 1960 CLEARVIEW LAKE DRIVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, LAURA 1707 ALGONGUIN DRIVE 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: Pamela Donovan, Treasurer Pamela Donovan 3/1/05 727 804-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40025102

CLEARVIEW LAKE ESTATES HOMEOWNERS ASSOCIATION
Clearwater, Florida 33755

1916 Sky Drive
Clearwater, FL 33755-1630
March 1, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Clearview Lake Estates Homeowners Association, Inc
FEI Number: 59-2991539
Document Number: N35986

Additional Directors:

D
Betty Tutton
1733 Starlight Drive
Clearwater, FL 33755

D
Merle Brann
1718 Sunset Point Road
Clearwater, FL 33755

D
Ellen Hess
1724 Sunset Point Road
Clearwater, FL 33755

D
Robyn Balkin
1728 Starlight Drive
Clearwater, FL 33755

Regards,



Pamela Donovan, Registered Agent

Pd
Enclosure (Check for \$61.25 payable to Department of State)