


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90001 002 ****61.25

DOCUMENT # N35986 1. Entity Name CLEARVIEW LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O JULIE LEVESQUE 1706 STARLIGHT DR CLEARWATER, FL 33755			Mailing Address C/O JULIE LEVESQUE 1706 STARLIGHT DR CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box # DEREK ROBERTS		3. Mailing Address DEREK ROBERTS			
Suite, Apt. #, etc. 1727 ALGONQUIN DR		Suite, Apt. #, etc. 1727 ALGONQUIN DR			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 59-2991539	
Zip 33755		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33755		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVESQUE, JULIE 1706 STARLIGHT DR CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name DEREK ROBERTS Street Address (P.O. Box Number is Not Acceptable) 1727 ALGONQUIN DR City CLEARWATER FL Zip Code 33755	
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: <u><i>Derek Roberts</i></u> PRESIDENT <u>9/9/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HESS, ELLEN 1724 SUNSET PT. RD. CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEREK ROBERTS 1727 ALGONQUIN DR CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEVESQUE, JULIE 1706 STARLIGHT DR CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PAT ROBERTSON 1952 CLEARVIEW LAKE DR CLEARWATER FL 33755	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BV BRUCE MILLER 1952 CLEARVIEW LAKE DR CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORGAN, JOE 1915 STARDUST DR CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENNY KEE 1959 SKY DR CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, LAURA 1707 ALGONQUIN DRIVE CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETTY TUTTON 1733 STARLIGHT DR CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEREK ROBERTS 1727 ALGONQUIN DR CLEARWATER FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNE MILLER 1960 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 exemptions contained in Chapter 119, 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: <u><i>Derek Roberts</i></u> DEREK ROBERTS <u>9/9/07</u> <u>727 785 1520</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

ATTACHMENT

Clearview Lake Homeowners Association

N35986

40132149

1727 Algonquin Dr
Clearwater, FL 33755
September 9, 2007

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Ref: Clearview Lake Homeowners Association
Document Number N35986

Additional Directors

DS
Janet Ott
1717 Starlight Dr
Clearwater, FL 33755

D
Charlie Paine
1944 Clearview Lake Dr
Clearwater, FL 33755

D
Phil Pappas
1721 Algonquin Dr
Clearwater, FL 33755

D
Ruth Sanders
1775 Starlight Dr
Clearwater, FL 33755

D
Rhonda Walters
1728 Algonquin Drive
Clearwater, FL 33755

Sincerely



Derek Roberts

Enclosed: Check Number 709, \$61.25 Payable to Department of State