



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 Suite, Apt. #, etc. 1727 ALGONQUIN DR		3. Mailing Address DEREK ROBERTS Suite, Apt. #, etc. 1727 ALGONQUIN DR			
City & State CLEARWATER FL		City & State CLEARWATER FL			
Zip 33755		Country USA		4. FEI Number 59-2991539	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
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>Derek Roberts</u> PRESIDENT 9/9/07 <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 \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DP NAME HESS, ELLEN STREET ADDRESS 1724 SUNSET PT. RD. CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE DP NAME DEREK ROBERTS STREET ADDRESS 1727 ALGONQUIN DR CITY-ST-ZIP CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME LEVESQUE, JULIE STREET ADDRESS 1706 STARLIGHT DR CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE DT NAME PAT ROBERNIK STREET ADDRESS 1952 CLEARVIEW LAKE DR CITY-ST-ZIP CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME JACKSON, JOANNE STREET ADDRESS 1900 CLEARVIEW LAKE DR CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE DV NAME BRUCE MILLER STREET ADDRESS 1952 CLEARVIEW LAKE DR CITY-ST-ZIP CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME MORGAN, JOE STREET ADDRESS 1915 STARDUST DR CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE D NAME GENNY KEE STREET ADDRESS 1959 SKY DR CITY-ST-ZIP CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME POTTER, LAURA STREET ADDRESS 1707 ALGONQUIN DRIVE CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE D NAME BETTY TUTTON STREET ADDRESS 1733 STARLIGHT DR CITY-ST-ZIP CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME DEREK ROBERTS STREET ADDRESS 1727 ALGONQUIN DR CITY-ST-ZIP CLEARWATER FL 33755	<input type="checkbox"/> Delete		TITLE D NAME DANNIE MILLER STREET ADDRESS 1960 CLEARVIEW LAKE DR CITY-ST-ZIP 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>Derek Roberts</u> DEREK ROBERTS 9/9/07 727 785 1520 <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