

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90013 005 \*\*\*\*61.25

**DOCUMENT # N45215**

1. Entity Name

**CPR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2189 CLEVELAND ST.  
SUITE 225  
CLEARWATER, FL 33765**

**2189 CLEVELAND ST.  
SUITE 225  
CLEARWATER, FL 33765**

**110140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3080283**

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

**FLORIDA CENTRAL MANAGEMENT  
2430 ESTANCIA BLVD SUITE #114  
CLEARWATER FL 34621**

**LENNARD A. LEIGHTON  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765**

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	PD NEUBAUER, SCOTT 2548 COUNTRYSIDE PINES DR CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GRIFFITH, TONY 2546 COUNTRYSIDE PINES DR CLEARWATER FL 34621	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PECUNIA, GILBERT 2530 COUNTRYSIDE PINES DR CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, LYNNE 2540 COUNTRYSIDE PINES DR CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-KHASHTI, KIM 2538 COUNTRYSIDE PINES DR CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERZAK, GARY 2528 COUNTRYSIDE PINES DR CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTZELL, BOBBIE 2520 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORR, GARY 2538 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO GRIGGS, JEAN 2530 Countryside Pines Dr. Clearwater FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

**Bobbie Hartzell** 2-1-01

727-823-

4000 X 4409

Date

Daytime Phone #

CR2E037 (10/00)