

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001412 (4)

1. Corporation Name

CLEARWATER TRAILER CITY HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

1650 CLEARWATER - LARGO ROAD
CLEARWATER FL 34616

1650 CLEARWATER - LARGO ROAD
CLEARWATER FL 34616

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, ROSE MARIE
1650 CLEARWATER - LARGO ROAD
LOT 134
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V+ ☒ DELETE
NAME JOHN RENAUD #220
STREET ADDRESS 1650 CLWR-LARGO RD.
CITY-ST-ZIP CLEARWATER, FL 34616

1.1 TITLE S/T-D ☒ Change ☐ Addition
1.2 NAME MARY LICHACEZ #66
1.3 STREET ADDRESS 1650 CLWR-LARGO RD.
1.4 CITY-ST-ZIP CLEARWATER, FL 34616

TITLE S. ☒ DELETE
NAME CAROL MALONEY #6
STREET ADDRESS 1650 CLWR-LARGO RD.
CITY-ST-ZIP CLEARWATER, FL 34616

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D-P ☐ DELETE
NAME JOYCE EDWARDS #224
STREET ADDRESS 1650 CLWR-LARGO RD.
CITY-ST-ZIP CLEARWATER, FL 34616

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EDWARD MERCIER #53
STREET ADDRESS 1650 CLWR-LARGO RD.
CITY-ST-ZIP CLEARWATER, FL 34616

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME THEODORE CARPENTER #211
STREET ADDRESS 1650 CLWR-LARGO RD.
CITY-ST-ZIP CLEARWATER, FL 34616

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce Edwards / JOYCE EDWARDS (P) 3-19-96 (813) 586-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

14-5-96