

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90124 045 \*\*\*\*70.00

DOCUMENT # DORAL VILLAGE N9900000  
1. Entity Name  
HOMEOWNER TENANT ASSOCIATION INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
DORAL VILLAGE  
Suite, Apt. #, etc.  
29250 US #19 N  
City & State  
CLEARWATER, FL  
Zip  
33761  
Country  
USA

3. Mailing Address  
SUSAN SCHAFFER  
29250 US #19 N - #481  
Suite, Apt. #, etc.  
CLEARWATER, FL  
City & State  
CLEARWATER, FL  
Zip  
33761  
Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
593572353

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MS. SUSANK SCHAFFER

Street Address (P.O. Box Number is Not Acceptable)  
DORAL VILLAGE #481  
29250 US #19 N.

City  
CLEARWATER FL Zip Code  
33761

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 SUSANK SCHAFFER Susan K. Schaf Apr. 8/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE \$61.25**  
**Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>NANCY A PETERS</u> <u>29250 US #19 N. - #589</u> <u>CLEARWATER FL.</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>SUSAN SCHAFFER</u> <u>29250 US #19 N. - #481</u> <u>CLEARWATER, FL. 33761</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>DIANA WRIGHT</u> <u>29250 US #19 N. - #223</u> <u>CLEARWATER, FL. 33761</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>PRISCILLA BERRY</u> <u>29250 US #19 N. - #195</u> <u>CLEARWATER FL. 33761</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan K. Schaf 04/09/02 727-789-0343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vice-President, DORAL HOMEOWNER TENANT ASSOC.

CR2E037B (12/01)