

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 SCHAFER  
29250 US #19 N - #481

Suite, Apt. #, etc.

CLEARWATER, FL

City & State

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

7. Name and Address of Current Registered Agent

Name

MS. SUSAN K. SCHAFER

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

DORAL VILLAGE #481

29250 US #19 N.

City

CLEARWATER

FL

Zip Code

33761

DO NOT WRITE  
IN THIS SPACE

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 SUSAN K. SCHAFER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 8/02

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  
PRESIDENT  
NANCY A PETERS  
29250 US #19 N. - #589  
CLEARWATER FL.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
SUSAN SCHAFER  
29250 US #19 N. - #481  
CLEARWATER, FL. 33761

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY  
DIANA WRIGHT  
29250 US #19 N. - #223  
CLEARWATER, FL. 33761

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TREASURER  
PRISCILLA BERRY  
29250 US #19 N. - #195  
CLEARWATER FL. 33761

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vice-President, DORAL HOMEOWNER TENANT ASSOC.

CR2E037B (12/01)