## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002571

FILED Mar 24, 2009 Secretary of State

Entity Name: DORAL VILLAGE HOMEOWNER TENANT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

29250 US HIGHWAU 19 NORTH 29250 US HIGHWAU 19 NORTH

481 227

CLEARWATER, FL 33761 CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

29250 US HIGHWAU 19 NORTH 29250 US HIGHWAU 19 NORTH

31 22

CLEARWATER, FL 33761 CLEARWATER, FL 33761

FEI Number: 59-3572553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHAFER, SUSAN LESKOVSKY, RICHARD J 29250 US HWY 19 NORTH #481 29250 US HWY 19 NORTH

CLEARWATER, FL 33761 US UNIT #227

CLEARWATER, FL 33761 US

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: RICHARD J LESKOVSKY 03/24/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: O'HEARN, WANITA Name: LESKOVSKY, RICHARD J

 Address:
 29250 US 19 N #209
 Address:
 29250 US 19 N UNIT 3227

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

 Name:
 LABONTE, DORI
 Name:
 SMITH, SENEITH

 Address:
 29250 US 19 N LOT 154
 Address:
 29250 US 19 N UNIT #142

City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 SCOTT, SANDY
 Name:
 THOMSON, JAMES

 Address:
 29250 US19 N LOT #475
 Address:
 29250 US19 N UNIT 368

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

Title: S () Delete Title: () Change () Addition

 Name:
 CREWS, DORIS
 Name:

 Address:
 29250 US19 N LOT 139
 Address:

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf (1) Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change (1) Addition}$ 

Name: MARCO, BOB Name: SMITH, JOAN

Address: 29250 US 19 N #405 Address: 29250 US 19 NUNIT 3 66
City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MARCO, BOB
 Name:

 Address:
 29250 US 19 N. LOT 405
 Address:

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J LESKOVSKY PRES 03/24/2009