

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 046 ****61.25

1802031

DOCUMENT # N99000002571
1. Entity Name
DORAL VILLAGE HOMEOWNER TENANT ASSOCIATION, INC.



Principal Place of Business
**29250 US HIGHWAY 19 NORTH
CLEARWATER FL 33761**

Mailing Address
**29250 US HIGHWAY 19 NORTH
LOT 481
CLEARWATER FL 33761**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3572553**

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

6. Name and Address of Current Registered Agent
**SCHAFFER, SUSAN
29250 US HWY 19 NORTH #481
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERS, NANCY A	
STREET ADDRESS	29250 US 19N, STE 289	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAFFER, SUSAN	
STREET ADDRESS	29250 US 19N, STE 481	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DIANA	
STREET ADDRESS	29250 US 19N, STE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERRY, PRISCILLA	
STREET ADDRESS	29250 US HIGHWAY 19 NORTH, STE 195	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWKER, JUDY	
STREET ADDRESS	29250 US 19N STE 298	
CITY-ST-ZIP	CLEARWATER, FLA.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Susan Schaffer*

CR2E037 (10/02)