

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750957

FILED
Jan 28, 2009
Secretary of State

Entity Name: CLOVERFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7860 CLOVERFIELD CIRCLE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7860 CLOVERFIELD CIRCLE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-2221218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, CHERYL J P.A.
4694 N.W. 103RD AVENUE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: COOK, SY
Address: 7908 CLOVERFIELD CIR.
City-St-Zip: BOCA RATON, FL 33433

Title: V () Delete
Name: NIGHTINGALE, LARRY
Address: 7897 CLOVERFIELD CIR
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: MUELLER, ROSMARIE
Address: 7877 CLOVERFIELD CIR
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: BAUER, DOROTHY
Address: 7794 CLOVERFIELD CIR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: VANN, LINDA
Address: 7852 CLOVERFIELD CIR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: SAGANOVSKY, PAULA
Address: 7919 CLOVERFIELD CIR.
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NIGHTINGALE, LARRY
Address: 7897 CLOVERFIELD CIR
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: VANN, LINDA
Address: 7852 CLOVERFIELD CIR.
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
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: DOROTHY BAUER

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date