


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 761514	
1. Entity Name CLEARLAKE VILLAGE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 1514 CLEARLAKE RD., #157 COCOA, FL 32922-6582	Mailing Address 1514 CLEARLAKE RD., #157 COCOA, FL 32922-6582
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2661691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAWKINS, BETTY L
1909 NORTH COCOA BOULEVARD
COCOA, FL 32922**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, BETTY L 1909 N. COCOA BLVD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDEZ, CHERYL 1909 N. COCOA BLVD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIS, ALICE 1909 N. COCOA BLVD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, SUSAN 1514 CLEARLAKE RD. #128 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARIGAN, WILLIAM 1909 NORTH COCOA BOULEVARD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100110389589
01/20/06-80050-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty L. Hawkins, Pres. **1-12-06 321-631-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #