

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761514

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** CLEARLAKE VILLAGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1514 CLEARLAKE RD., #157  
COCOA, FL 329226589 US

**New Principal Place of Business:**

**Current Mailing Address:**

1514 CLEARLAKE RD., #157  
COCOA, FL 329226589 US

**New Mailing Address:**

**FEI Number:** 59-2661691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWKINS, BETTY L  
1909 NORTH COCOA BOULEVARD  
COCOA, FL 32922 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  
Name: CARIGNAN, WILLIAM  
Address: 1909 N. COCOA BLVD  
City-St-Zip: COCOA, FL 32922 US

Title: S  
Name: VALDEZ, CHERYL  
Address: 1909 N. COCOA BLVD  
City-St-Zip: COCOA, FL 32922 US

Title: T  
Name: THOMPSON, GREG  
Address: 4482 BOWMORE PL  
City-St-Zip: MELBOURNE, FL 32940 US

Title: D  
Name: CARIGNAN, PATRICIA N  
Address: 9831 DEL WEBB PKWY. #4307  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D  
Name: EUBANK, CATHERINE  
Address: 2831 NORTHWOOD BLVD.  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM CARIGNAN

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date