

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771247

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CLOVERPLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1799-B N BELCHER ROAD  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

24701 US HIGHWAY 19 N #102  
CLEARWATER, FL 33763 US

**Current Mailing Address:**

P.O. BOX 14357  
CLEARWATER, FL 33766 US

**New Mailing Address:**

**FEI Number:** 59-2355808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMERI-TECH REALTY, INC.  
1799-B NORTH BELCHER ROAD  
CLEARWATER, FL 33765 US

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

AMERI-TECH REALTY, INC.  
24701 US HIGHWAY 19 N #102  
CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, SUZANNE  
Address: 3252 CLOVERPLACE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VPD ( ) Delete  
Name: SLOAN, JO-ANN  
Address: 3186 CLOVERPLACE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: SD ( ) Delete  
Name: HAGAMAN, MAUREEN  
Address: 328 IXORA DRIVE  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: TD ( ) Delete  
Name: SCHMIDT, MARTI  
Address: 3205 PHLOX DRIVE  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D ( ) Delete  
Name: FEIERBACHER, JIM  
Address: 3343 HIBISCUS DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: SUZANNE JOHNSON

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date