

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

DOCUMENT# 771247

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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.  
24701 US HIGHWAY 19 N #102  
CLEARWATER, FL 33763 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: PD  
Name: MCKENNA, DENNIS  
Address: 24701 US HWY 19 N 102  
City-St-Zip: CLEARWATER, FL 33763 US

Title: VPD  
Name: SLOAN, JO-ANN  
Address: 24701 US HWY 19 N 102  
City-St-Zip: CLEARWATER, FL 33763 US

Title: SD  
Name: DROUIN, SCOTT  
Address: 24701 US HWY 19 N 102  
City-St-Zip: CLEARWATER, FL 33763 US

Title: TD  
Name: SCHMIDT, MARTI  
Address: 24701 US HWY 19 N 102  
City-St-Zip: CLEARWATER, FL 33763 US

Title: D  
Name: SPINEK, CLAIRE  
Address: 24701 US HWY 19 N 102  
City-St-Zip: CLEARWATER, FL 33763

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:** DENNIS MCKENNA

PD

03/05/2011

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

\_\_\_\_\_  
Date