

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90106 019 ***150.00

DOCUMENT # H01053

1. Entity Name

CLOVER LEAF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

~~CLOVER~~
1077 CLOVER LEAF CIRCLE
BROOKSVILLE FL 34601

Mailing Address

P O BOX 1989
BROOKSVILLE FL 34605-8989

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2464258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TEBBETTS, LARRY~~
~~4033 COLLEEN LANE~~
~~BROOKSVILLE FL 34601~~

Gilding, Rita
5311 Harrington St
Brooksville FL 34601

Name *Rita Gilding*
Street Address (P.O. Box Number is Not Acceptable) *5311 Harrington St*
Brooksville
City *FL* Zip Code *34601*

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

Rita Gilding

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *DT*
NAME *PARKER, STEVE Stephen* ☐ Delete
STREET ADDRESS *4356 ANDREW LN*
CITY-ST-ZIP *BROOKSVILLE FL 34601*

TITLE *DT* ☒ Delete
NAME *TEBBETTS, LARRY*
STREET ADDRESS *4033 COLLEEN LANE*
CITY-ST-ZIP *BROOKSVILLE FL 34601*

TITLE *DS DV* ☐ Delete
NAME *REILLY, JAMES James*
STREET ADDRESS *1306 MILLTOWN CT.*
CITY-ST-ZIP *BROOKSVILLE FL 34601*

TITLE *DP* ☐ Delete
NAME *BERTSCH, HILDRED*
STREET ADDRESS *4236 TIPPERARY LANE*
CITY-ST-ZIP *BROOKSVILLE FL 34601*

TITLE *D* ☐ Delete
NAME *WISE, WILLIAM*
STREET ADDRESS *3067 MEETING HOUSE LANE*
CITY-ST-ZIP *BROOKSVILLE FL 34601*

TITLE *DV* ☒ Delete
NAME *GLODEN, TOM*
STREET ADDRESS *4602 DAWNGATE LN*
CITY-ST-ZIP *BROOKSVILLE FL 34601*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *DS* ☐ Change ☒ Addition
NAME *Gilding, Rita*
STREET ADDRESS *5311 Harrington St*
CITY-ST-ZIP *Brooksville FL 34601*

TITLE *D* ☐ Change ☒ Addition
NAME *IDDINGS, Carole*
STREET ADDRESS *4351 Andrew Lane*
CITY-ST-ZIP *Brooksville FL 34601*

TITLE *D* ☐ Change ☒ Addition
NAME *VancleeF Shari*
STREET ADDRESS *2413 Leeson St*
CITY-ST-ZIP *Brooksville FL 34601*

TITLE *D* ☐ Change ☒ Addition
NAME *Collins, JoAnn*
STREET ADDRESS *2215 Castlebar St*
CITY-ST-ZIP *Brooksville FL 34601*

TITLE *D* ☐ Change ☒ Addition
NAME *Churchill, Sue*
STREET ADDRESS *6115 Grady St.*
CITY-ST-ZIP *Brooksville FL 34601*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rita Gilding (Rita Gilding)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/05

Daytime Phone #

352-848-0607