

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90116 010 ***150.00

DOCUMENT # H01053

1. Entity Name

CLOVER LEAF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

1st MOORE

CR2E034 (10/05)

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

GILDING, RITA
5311 HARRINGTON ST
BROOKSVILLE FL 34601

Name

CAROLE IDDINGS

Street Address (P.O. Box Number is Not Acceptable)

4351 ANDREW LANE

City

BROOKSVILLE

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 CAROLE J. IDDINGS
Signature, typed or printed name of registered agent and title if applicable

Carole J. Iddings
(NOTE: Registered Agent signature required when reinstating)

3/20/06
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT ☒ Delete
NAME PARKER, STEPHEN
STREET ADDRESS 4356 ANDREW LN
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE DS ☒ Delete
NAME GILDING, RITA
STREET ADDRESS 5311 HARRINGTON ST
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE DV ☒ Delete
NAME REILLY, 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 D ☒ Delete
NAME IDDINGS, CAROLE
STREET ADDRESS 4351 ANDREW LANE
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE DT ☒ Change ☐ Addition
NAME MEG Nordhagen
STREET ADDRESS 5113 NEWCROSS ST
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE DS ☒ Change ☐ Addition
NAME CAROLE IDDINGS
STREET ADDRESS 4351 ANDREW LANE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE DV ☒ Change ☐ Addition
NAME JOANN COLLINS
STREET ADDRESS 8215 CASTLEBAR ST.
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE DP ☒ Change ☐ Addition
NAME CAROL STAVES
STREET ADDRESS 2313 MIDDLETON ST.
CITY-ST-ZIP BROOKSVILLE, FL 34601

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

TITLE ☒ Change ☐ Addition
NAME JAMES REILLY
STREET ADDRESS 4333 ANDREW LANE
CITY-ST-ZIP BROOKSVILLE, FL 34601

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Carol J. Staves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL J. STAVES 3/21/06

Date

Daytime Phone # (352) 754-0685
(home)