

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

DOCUMENT # H01053

1. Entity Name

CLOVER LEAF HOMEOWNERS ASSOCIATION, INC.



02-21-2007 90022 017 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

IDDINGS, CAROLE
4351 ANDREW LN
BROOKSVILLE FL 34601

Name PARKER, STEPHEN

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

4356 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 *Stephen Parker* STEPHEN PARKER, PRESIDENT

2/8/07

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NORDHAGEN, MEG
STREET ADDRESS 5113 NEWCROSS ST
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D/P ☐ Change ☒ Addition
NAME PARKER, STEPHEN
STREET ADDRESS 4356 ANDREW LANE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE DS ☐ Delete
NAME IDDINGS, CAROL
STREET ADDRESS 4351 ANDREW LANE
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE B/V ☐ Change ☒ Addition
NAME SULLIVAN, THOMAS
STREET ADDRESS 6209 HARRY LANE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE *BY D* ☐ Delete
NAME COLLINS, JOANN
STREET ADDRESS 2215 CASTLEBAR ST
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D/T ☐ Change ☒ Addition
NAME SHILANSKIS, FLORENCE
STREET ADDRESS 5409 WOODFORD STREET
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE DP ☒ Delete
NAME STAVES, CAROL
STREET ADDRESS 2313 MIDDLETON ST
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ Change ☒ Addition
NAME BERTSCH, HILDRED
STREET ADDRESS 4233 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 ☐ Change ☒ Addition
NAME HILLS, WILLIAM
STREET ADDRESS 4244 TIPPERARY LANE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D ☒ Delete
NAME REILLY, JAMES
STREET ADDRESS 4333 ANDREW LANE
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ Change ☒ Addition
NAME MCDEVITT, JAMES
STREET ADDRESS 4348 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: *Stephen Parker* STEPHEN PARKER

2/8/07

352-797-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

6007310

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2464258	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IDDINGS, CAROLE 4351 ANDREW LN BROOKSVILLE FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DT NORDHAGEN, MEG 5113 NEWCROSS ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D VAN CIEEF, SHARON 2413 LEESON STREET BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DS IDDINGS, CAROL 4351 ANDREW LANE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DV COLLINS, JOANN 2215 CASTLEBAR ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP STAVES, CAROL 2313 MIDDLETON ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WISE, WILLIAM 3067 MEETING HOUSE LANE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D REILLY, JAMES 4333 ANDREW LANE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stephen Parker</u> STEPHEN PARKER			Date: <u>2/8/07</u>		Daytime Phone #: <u>352-797-0720</u>