

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 035 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

PARKER, STEPHAN
4356 ANDREW LN
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Parker, Stephen

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	DP	<input type="checkbox"/> Delete
NAME	PARKER, STEPHAN	
STREET ADDRESS	4356 ANDREW LN	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	IDDINGS, CAROL	
STREET ADDRESS	4351 ANDREW LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, JOANN	
STREET ADDRESS	2215 CASTLEBAR ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SULLIVAN, THOMAS	
STREET ADDRESS	6209 HARRY LN	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHILANSKIS, FLORENCE	
STREET ADDRESS	5409 WOODSFORD ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERTSCH, MILDRED	
STREET ADDRESS	4233 TIPPERARY LN	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Stephen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellery, Linda	
STREET ADDRESS	2224 Londonderry Ave,	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parmenter, Mildred	
STREET ADDRESS	4354 Andrew Lane	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McDevitt, James	
STREET ADDRESS	4348 Andrew Lane	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boblitz, Jerry	
STREET ADDRESS	3101 Ellis Ct.	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Cleet, Sharon	
STREET ADDRESS	2413 Leeson St.	
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:

Florence A. Shilanskis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-08 352-797-0720