

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01053

FILED
Apr 02, 2012
Secretary of State

Entity Name: CLOVER LEAF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1077 CLOVERLEAF CIRCLE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

1077 CLOVERLEAF CIRCLE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-2464258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIONNE, ELAINE DT
6201 HARRY LANE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

LEISTMAN, KATHLEEN DT
2625 ALLENWOOD ST
BROOKSVILLE, FL 34601 US

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: KATHLEEN LEISTMAN

04/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: RAAG, MARILYN
Address: 5321 HARRINGTON STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: DS
Name: SHIREY-CHURCO, NORMA
Address: 2116 FOSTERS PLACE
City-St-Zip: BROOKSVILLE, FL 34601

Title: DV
Name: STANDISH, EDWARD
Address: 1022 CLOVERLEAF CR
City-St-Zip: BROOKSVILLE, FL 34601

Title: DT
Name: LEISTMAN, KATHLEEN
Address: 2625 ALLENWOOD ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: HISCOX, DAVID
Address: 4303 ANDREW LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: EUSTICE, KENNETH
Address: 4304 ANDREW LANE
City-St-Zip: BROOKSVILLE, FL 34601

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN LEISTMAN

DT

04/02/2012

Electronic Signature of Signing Officer or Director

Date