

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009526

FILED
Apr 06, 2007
Secretary of State

Entity Name: CLEAR LAKE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PMB 345 4250 ALAFAYA TRAIL
SUITE 212
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PMB 345 4250 ALAFAYA TRAIL
SUITE 212
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 04-3680171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLY BURNSIDE C/O RELIABLE
PROPERTY MGMT.
PMB 345 4250 ALAFAYA TR STE 212
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS
4250 ALAFAYA TRAIL
SUITE 212-345
OVIEDO, FL 32765 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: CURTIS BURNSIDE

04/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREEN, BRAXTON JR
Address: 13620 SUNSET LAKES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: GREEN, BRAXTON JR
Address: 13620 SUNSET LAKES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BRIGGS, MICHAEL
Address: 2504 WYNDAM BAY PL
City-St-Zip: APOPKA, FL 32703

Title: P (X) Change () Addition
Name: CASALESE, JOE
Address: 62 SEDONA COVE DR
City-St-Zip: APOPKA, FL 32703

Title: S () Change (X) Addition
Name: KEEHN, WILLIAM
Address: 40 CLEAR HARBOR COURT
City-St-Zip: APOPKA, FL 32703

Title: T () Change (X) Addition
Name: KLOTH, ELAINE
Address: 2512 WYNDAM BAY PL
City-St-Zip: APOPKA, FL 32703

Title: D () Change (X) Addition
Name: LAWLESS, ELAINE
Address: 63 CLEAR HARBOR CT
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CASALESE

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date