


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90166 049 ****61.25

DOCUMENT # N04000006396


1. Entity Name
 CLEAR LAKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 4971 SCENIC MARSH CT. JACKSONVILLE, FL 32255	Mailing Address 4971 SCENIC MARSH CT. JACKSONVILLE, FL 32255
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DO NOT WRITE IN THIS SPACE

4001000



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0517564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUTNAL, JAMES E
 4971 SCENIC MARSH CT.
 JACKSONVILLE, FL 32255

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTNAL, JAMES E 4971 SCENIC MARSH CT. JACKSONVILLE, FL 32255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PUTNAL, DIANNA 4971 SCENIC MARSH CT. JACKSONVILLE, FL 32255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COFFELL, BRAD 4971 SCENIC MARSH CT. JACKSONVILLE, FL 32255
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #