

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006396

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** CLEAR LAKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4971 SCENIC MARSH CT.  
JACKSONVILLE, FL 32255

**New Principal Place of Business:**

**Current Mailing Address:**

4971 SCENIC MARSH CT.  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 51-0517564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PUTNAL, JAMES E  
Address: 4971 SCENIC MARSH CT.  
City-St-Zip: JACKSONVILLE, FL 32255

Title: VSD ( ) Delete  
Name: PUTNAL, DIANNA  
Address: 4971 SCENIC MARSH CT.  
City-St-Zip: JACKSONVILLE, FL 32255

Title: TD (X) Delete  
Name: COFFELL, BRAD  
Address: 4971 SCENIC MARSH CT.  
City-St-Zip: JACKSONVILLE, FL 32255

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E PUTNAL

PD

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date