

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007522

**FILED**  
**Oct 29, 2007**  
**Secretary of State**

**Entity Name:** CLOVERLEAF TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

281 EAST INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

301 DAL HALL BOULEVARD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

281 EAST INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852

**New Mailing Address:**

4995 SAVONA DRIVE  
SEBRING, FL 33872

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LIVINGSTON, ROBERT E  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

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

PAMELA T. KARLSON, P.A.  
301 DAL HALL BOULEVARD  
LAKE PLACID, FL 33852 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: PAMELA T. KARLSON

10/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOY, MARIE CLAIRE  
Address: 505 W. INTERLAKE BLVD.  
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete  
Name: DINAPOLI, JAMES  
Address: 113 MELANIE DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: STD ( ) Delete  
Name: HORNICK, RAYMOND  
Address: 4995 SAVONA DR  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: THOMPSON, RICHARD I  
Address: 10 PLACID OAKS DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: WIRTH, THOMAS C  
Address: 11 COVE RD.  
City-St-Zip: LAKE PLACID, FL 33852

**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:

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: RAYMOND HORNICK

STD

10/29/2007

Electronic Signature of Signing Officer or Director

Date