

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007522

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

301 DAL HALL BOULEVARD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

4995 SAVONA DRIVE
SEBRING, FL 33872

New Mailing Address:

P.O. BOX 3304
SEBRING, FL 33871

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAMELA T. KARLSON, P.A.
301 DAL HALL BOULEVARD
LAKE PLACID, FL 33852 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: 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: PD (X) Change () Addition
Name: LAMBERT, MARK
Address: P.O. BOX 3052
City-St-Zip: LAKE PLACID, FL 33862

Title: VD (X) Change () Addition
Name: WIRTH, THOMAS C
Address: 11 COVE RD.
City-St-Zip: LAKE PLACID, FL 33852

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

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

Title: D (X) Change () Addition
Name: HOY, MARIE CLAIRE
Address: 505 W. INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

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

03/26/2009

Electronic Signature of Signing Officer or Director

Date