

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007522

FILED
Mar 18, 2010
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:

P.O. BOX 3304
SEBRING, FL 33871

New Mailing Address:

FEI Number: 26-0391925

FEI Number Applied For ()

FEI Number Not Applicable ()

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
Name: LAMBERT, MARK
Address: P.O. BOX 3052
City-St-Zip: LAKE PLACID, FL 33862

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

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

Title: D
Name: BUSCH, STEPHEN
Address: 175 SUNSET TERRACE
City-St-Zip: LAKE PLACID, FL 33852

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

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND HORNICK

STD

03/18/2010

Electronic Signature of Signing Officer or Director

Date