

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90114 030 \*\*\*\*70.00

<b>DOCUMENT # N16250</b>	
1. Entity Name <b>CARLOUEL HOMEOWNERS ASSOCIATION, INC.</b>	



Principal Place of Business <b>P.O. BOX 3442 CLEARWATER BCH. FL 33767 US</b>	Mailing Address <b>P.O. BOX 3442 CLEARWATER BCH. FL 33767 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WHITSETT, JODY 1019 MANDALAY AVE. CLEARWATER BEACH FL 33767</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Jody Whitsett* *Jody Whitsett* **5-04-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <b>SECRETARY / TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LATHAN, KEVIN</b>		NAME <b>SUE S. WILLIAMS</b>	
STREET ADDRESS <b>976 NARCISSUS AVE</b>		STREET ADDRESS <b>980 BAY ESPANADA</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33767</b>		CITY-ST-ZIP <b>CLEARWATER BEACH, FL 33767</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITSETT, JODY</b>		NAME	
STREET ADDRESS <b>1019 MANDALAY AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33767</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FAILOR, BETTE</b>		NAME	
STREET ADDRESS <b>1015 MANDALAY AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33767</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARNOLD, DEBBIE</b>		NAME	
STREET ADDRESS <b>1049 BAY ESPANADA</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER BEACH FL 33767</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEITH CAUTHER</b>		NAME <b>ANN MITCHAM</b>	
STREET ADDRESS <b>1011 ELDONADO AVE</b>		STREET ADDRESS <b>1024 ELDONADO AVE</b>	
CITY-ST-ZIP <b>CLEARWATER 33767</b>		CITY-ST-ZIP <b>CW, FL 33767</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHN MEER</b>		NAME	
STREET ADDRESS <b>51 CARLOUEL DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33767</b>		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Jody Whitsett* *Jody Whitsett* **5-4-05** **727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

REVISED + RESUBMITTED