

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90018 042 \*\*\*\*70.00

**DOCUMENT # N16250**

1. Entity Name  
**CARLOUEL HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 3442  
CLEARWATER BCH., FL 33767 US**

Mailing Address  
**P.O. BOX 3442  
CLEARWATER BCH., FL 33767 US**



03082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, SUE S ST  
980 BAY ESPLANADE  
CLEARWATER BEACH, FL 33767**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMPSEY, KRISTINE 1031 BAY ESPLANADE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAILOR, BETTE 1015 MANDALAY AVE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, SUE S 980 BAY ESPLANADE CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, DEBBIE 1049 BAY ESPLANADE CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUTHEN, KEITH 1011 ELDORADO AVENUE CLEARWATER, FL 33769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEK, JOHN 51 CARLOVEL DRIVE CLEARWATER BEACH, FL 33767

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUE S. WILLIAMS**

Date

**3/8/07**

Daytime Phone #

**727-446-4471**