2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N16250

Entity Name: CARLOUEL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3442
CLEARWATER BCH., FL 33767 US

New Principal Place of Business:

980 BAY ESPLANADE
CLEARWATER BCH., FL 33767 US

Current Mailing Address:

P.O. BOX 3442
CLEARWATER BCH., FL 33767 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, SUE S ST
980 BAY ESPLANADE
CLEARWATER BEACH, FL 33767 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: P ( ) Delete
Name: HAMPSEY, KRISTINE
Address: 1031 BAY ESPLANADE
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: FAILOR, BETTE
Address: 1015 MANDALAY AVE
City-St-Zip: CLEARWATER, FL 33767

Title: ST ( ) Delete
Name: WILLIAMS, SUE S
Address: 980 BAY ESPLANDE
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete
Name: ARNOLD, DEBBIE
Address: 1049 BAY ESPLANADE
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete
Name: CAUTHEN, KEITH
Address: 1011 ELDORADO AVENUE
City-St-Zip: CLEARWATER, FL 33769

Title: D ( ) Delete
Name: MEEK, JOHN
Address: 51 CARLOVEL DRIVE
City-St-Zip: CLEARWATER BEACH, FL 33767

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:

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: SUE WILLIAMS ST 02/05/2008
Electronic Signature of Signing Officer or Director — Date