2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16250

FILED Apr 15, 2009 Secretary of State

Entity Name: CARLOUEL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 980 BAY ESPLANADE 973MANDALAY AVE CLEARWATER BCH., FL 33767 CLEARWATER BCH., FL 33767 US US **Current Mailing Address: New Mailing Address:** P.O. BOX 3442 CLEARWATER BCH., FL 33767 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, SUESST RICHARDS, TOM C T 980 BAY ESPLANADE 980 BAY ESPLANADE CLEARWATER BEACH, FL 33767 CLEARWATER BEACH, FL 33767 US US 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: TOM C RICHARDS 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAMPSEY KRISTINE Name: Name: 1031 BAY ESPLANADE Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: () Delete Title: () Change () Addition FAILOR, BETTE Name: Name: Address: 1015 MANDALAY AVE Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, SUE S WILLIAMS, SUE S Name: Name: 980 BAY ESPLANDE 980 BAY ESPLANDE Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767 Title: () Delete Title: () Change () Addition Name: ARNOLD, DEBBIE Name: Address: 1049 BAY ESPLANADE Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAUTHEN, KEITH RICHARDS, TOM Name: Name: 1011 ELDORADO AVENUE 973 MANDALAY AVE. Address: Address: City-St-Zip: CLEARWATER, FL 33769 City-St-Zip: CLEARWATER, FL 33769 Title: (X) Delete Title: () Change () Addition MEEK JOHN Name: Name: Address: 51 CARLOVEL DRIVE Address: CLEARWATER BEACH, FL 33767 City-St-Zip: 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: TOM C RICHARDS T 04/15/2009