2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90019 035 ****61.25

DOCUMENT # N25384

1. Entity Name

CLOVER LEAF NEIGHBORHOOD WATCH INC.

Principal Place of Business	Mailing Address
4233 TIPPERARY LANE BROOKSVILLE FL 34601 US	4151 MAYO ST BROOKSVILLE FL 34601 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2857670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERTSCH, FLOYD
4236 TIPPERARY LANE
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Floyd Bertsch

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WOODS, BILL 4112 MAYO ST BROOKSVILLE FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD ORTIZ, JOE 6401 ROSCOMMON ROAD BROOKSVILLE, FL. 34601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD WISE, WILLIAM 3067 MEETINGHOUSE LANE BROOKSVILLE FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD IDDINGS, DONN 4351 ANDREW LANE BROOKSVILLE FL. 34601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD STAVES, GEORGE 2313 MIDDLETON ST BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HARPER, KENDALL L 4151 MAYO ST BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HARPER, KENDALL 4151 MAYO ST. BROOKSVILLE, FL. 34601 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BERTSCH, FLOYD 4233 TIPPERARY LN BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S STAVES, CAROL 2313 MIDDLETON ST BROOKSVILLE FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S DORMER, JOAN 1103 TORY COURT BROOKSVILLE, FL. 34601 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kendall Harper 1/20/07 352-754-1870

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Telephone Number