

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:01

DOCUMENT # **N11055 (3)**
1. Corporation Name
DARKWATER-CLEARWATER LAKES OWNERSHIP ASSOCIATION, INC.

Principal Place of Business Mailing Address
RT.1, BOX 304-20 RT.1, BOX 304-20
279 NEAL ROAD 279 NEAL ROAD
HAWTHORNE FL 32640 HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1985	3a. Date of Last Report 03/30/1994
4. FEI Number 59-2724051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 RT. 1 BOX 305-2 Suite, Apt. #, etc. 22 102 DARKWATER LAKE RD. City & State 23 HAWTHORNE, FLORIDA Zip 24 32640	2a. Mailing Address 26 RT. 1 BOX 305-2 Suite, Apt. #, etc. 27 102 DARKWATER LAKE RD. City & State 28 HAWTHORNE, FLORIDA Zip 29 32640	Country 25 PUTNAM	Country 30 PUTNAM
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9. Name and Address of Current Registered Agent
**MURPHY, HARRIETT
ROUTE 1, BOX 304-20
279 NEAL ROAD
HAWTHORNE FL 32640**

10. Name and Address of New Registered Agent
81 Name **FRANCIS JOSEPH LAHAIR**
82 Street Address (P.O. Box Number is Not Acceptable)
102 DARKWATER LAKE ROAD
83 **RT. 1 BOX 305-2**
84 City **HAWTHORNE** FL 85 Zip Code **32640**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Francis J. LaHair* **FRANCIS J. LAHAIR SEC. TREASURER** *Francis J. LaHair* 1/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, MIKE RT 1 BOX 304-20 279 NEAL RD. HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS STAN 127 S.E. 41ST. AVE. OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, HARRIETT ROUTE 1, BOX 304-20 279 NEAL ROAD HAWTHORNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P D DAVIS, STAN RT. 1 BOX 305-3 104 DARKWATER LAKE ROAD HAWTHORNE, FLORIDA 32640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD NIEMAN, ARNOLD 116 DARKWATER LAKE ROAD HAWTHORNE, FLORIDA 32640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD LAHAIR, FRANCIS RT. BOX 305-2 102 DARKWATER LAKE ROAD HAWTHORNE, FLORIDA 32640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D JOHNSON, GUY 255 NEAL ROAD HAWTHORNE, FLORIDA 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D PHILLIPS, RANDY 5275 S.E. 24TH ST. OCALA, FLORIDA 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis J. LaHair* **FRANCIS J. LAHAIR** 1/22/95 1-904-481-2787
Signature, typed or printed name of signing officer or director Date Daytona Phone #