

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address
RT. 1, BOX 305-2 RT. 1, BOX 305-2
102 DARKWATER LAKE RD. 102 DARKWATER LAKE RD.
HAWTHORNE FL 32640 HAWTHORNE FL 32640
US US

3. Date Incorporated or Qualified **09/10/1985** 3a. Date of Last Report **01/27/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2724051	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: FRANCIS JOSEPH LAHAIR *Francis Joseph LaHair* 1/21/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DAVIS, STAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 1, BOX 305-3 104 DARKWATER LAKE ROAD	1.2 NAME	
STREET ADDRESS	HAWTHORNE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD NIEMAN, ARNOLD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 DARKWATER LAKE ROAD	2.2 NAME	
STREET ADDRESS	HAWTHORNE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD LAHAIR, FRANCIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. BOX 305-2 102 DARKWATER LAKE ROAD	3.2 NAME	
STREET ADDRESS	HAWTHORNE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JOHNSON, GUY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	255 NEAL ROAD	4.2 NAME	
STREET ADDRESS	HAWTHORNE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PHILLIPS, RANDY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5275 S. E. 28TH ST.	5.2 NAME	
STREET ADDRESS	OCALA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 Joseph LaHair *Francis Joseph LaHair* 1/21/96 1-352-481-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SECRETARY/TREASURER

CR2E037 (12/95)