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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 305-2 102 DARKWATER LAKE RD. HAWTHORNE FL 32640 US

3. Date Incorporated or Qualified 09/10/1985  
3a. Date of Last Report 01/26/1996

2. Principal Place of Business  
21 RT 1, Box 304-9  
Suite, Apt. #, etc.  
22 104 CLEARWATER CT.  
City & State  
23 HAWTHORNE FL.  
Zip Country  
24 32640 25 U.S.

2a. Mailing Address  
26 RT. 1 BOX 304-9  
Suite, Apt. #, etc.  
27 104 CLEARWATER CT.  
City & State  
28 HAWTHORNE FL.  
Zip Country  
29 32640 30 U.S.

4. FEI Number 59-2724051 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
LAHAIR, FRANCIS JOSEPH  
102 DARKWATER LAKE ROAD  
RT. 1, BOX 305-2  
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent  
81 Name FRED W. THOMPSON  
82 Street Address (P.O. Box Number is Not Acceptable) 104 CLEARWATER CT.  
83 RT. 1 BOX - 304-9  
84 City HAWTHORNE FL 85 Zip Code 32640

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, hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Fred W. Thompson TREAS. Fred W. Thompson 1/29/97  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include DAVIS, STAN; NIEMAN, ARNOLD; LAHAIR, FRANCIS; JOHNSON, GUY; PHILLIPS, RANDY.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP. Includes handwritten entries for LAHAIR, FRANCIS and THOMPSON, FRED W.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fred W. Thompson (352) 1/29/97 441-6250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 88811872

CR2E037 (9/96)