

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 RT 1 BOX 304-9 104 CLEARWATER CT HAWTHORNE FL 32640 US	Mailing Address RT 1 BOX 304-9 104 CLEARWATER CT HAWTHORNE FL 32640 US
--	--

3. Date Incorporated or Qualified 09/10/1985	
4. FEI Number 59-2724051	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**THOMPSON, FRED W
104 CLEARWATER CT
RT 1 BOX 3049
HAWTHORNE FL 32640**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 617.0508, Florida Statutes.

SIGNATURE: *Fred W. Thompson* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DAVIS, STAN	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 305-3 104 DARKWATER LAKE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	TO BE REPLACED IN
NAME	NEMAN, ARNOLD	2.2 NAME	MAY 1998 AT ANNUAL MEETING
STREET ADDRESS	110 DARKWATER LAKE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LAHAIR, FRANCIS	3.2 NAME	
STREET ADDRESS	RT 1 BOX 305-2, 102 DARKWATER LAKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PD
NAME	JOHNSON, GUY	4.2 NAME	
STREET ADDRESS	255 NEAL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	THOMPSON, FRED W	5.2 NAME	
STREET ADDRESS	RT 1 BOX 304-9 104 CLEARWATER CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DAVIS, STAN	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 305-3 104 DARKWATER LAKE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	TO BE REPLACED IN
NAME	NEMAN, ARNOLD	2.2 NAME	MAY 1998 AT ANNUAL MEETING
STREET ADDRESS	110 DARKWATER LAKE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LAHAIR, FRANCIS	3.2 NAME	
STREET ADDRESS	RT 1 BOX 305-2, 102 DARKWATER LAKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PD
NAME	JOHNSON, GUY	4.2 NAME	
STREET ADDRESS	255 NEAL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	THOMPSON, FRED W	5.2 NAME	
STREET ADDRESS	RT 1 BOX 304-9 104 CLEARWATER CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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* 2/17/98 (352) 481-6250

CF2E037 (10/97)