


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

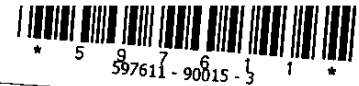
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11055 ✓

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	CHANGE	Mailing Address RT 1 BOX 304-9 104 CLEARWATER CT HAWTHORNE FL 32640 US
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2. Principal Place of Business 21 130 DARKWATER LAKE ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 130 DARKWATER LAKE ROAD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/10/1985
22	27	4. FEI Number 59-2724051 Applied For Not Applicable
23 City & State HAWTHORNE, FL	28 City & State HAWTHORNE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32640	25 Country USA	29 Zip 32640
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 ALAN B. LOPATKA
82 Street Address (P.O. Box Number is Not Acceptable) 130 Darkwater Lake Road
83 City Hawthorne FL 32640
84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Alan B. Lopatka Secretary/Treasurer (ALAN B. LOPATKA) DATE 07/12/1999

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

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DAVIS, STAN	
STREET ADDRESS RT. 1, BOX 305-3 104 DARKWATER LAKE ROAD	
CITY-ST-ZIP HAWTHORNE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LAHAIR, FRANCIS	
STREET ADDRESS RT 1 BOX 305-2, 102 DARKWATER LAKE RD	
CITY-ST-ZIP HAWTHORNE FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME JOHNSON, GUY	
STREET ADDRESS 255 NEAL ROAD	
CITY-ST-ZIP HAWTHORNE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME THOMPSON, FRED W	
STREET ADDRESS RT 1 BOX 304-9 104 CLEARWATER CT	
CITY-ST-ZIP HAWTHORNE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME BROWN, SID	
1.3 STREET ADDRESS 13246 CURRITUCK DR. SOUTH	
1.4 CITY-ST-ZIP JACKSONVILLE, FL - 32225	
2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME BUDROW, RICHARD	
2.3 STREET ADDRESS 2601 SW 36TH AVENUE	
2.4 CITY-ST-ZIP OCALA, FL - 34474	
3.1 TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME LOPATKA, ALAN	
3.3 STREET ADDRESS 130 DARKWATER LAKE ROAD	
3.4 CITY-ST-ZIP HAWTHORNE, FL - 32640	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME COKER, CAROL	
4.3 STREET ADDRESS 134 DARKWATER LAKE ROAD	
4.4 CITY-ST-ZIP HAWTHORNE, FL - 32640	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME MOORE, WILL	
5.3 STREET ADDRESS 109 DARKWATER LAKE ROAD	
5.4 CITY-ST-ZIP HAWTHORNE, FL - 32640	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Alan B. Lopatka DATE: 07/12/1999 DAYTIME PHONE: 352-481-4936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)