

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N-11055
 1. Entity Name
DARKWATER - CLEARWATER LAKES OWNERSHIP ASSOC., INC.
- AMENDED -

FILED

00 DEC -7 AM 9:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
299 NEAL ROAD 299 NEAL ROAD
HAWTHORNE, FL 32640 US HAWTHORNE, FL 32640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2724051** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALAN LOPATKA
130 DARKWATER LAKE RD.
HAWTHORNE, FL 32640

7. Name and Address of New Registered Agent
 Name **BUDROW, RICHARD**
 Street Address (P.O. Box Number is Not Acceptable) **299 NEAL ROAD**
 City **HAWTHORNE** FL Zip Code **32640**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
200003505922-7
-12/19/00-01062-015
*******7-30 1000 FL 25**

SIGNATURE *Richard Budrow*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE D <input checked="" type="checkbox"/> Delete	NAME MOORE, WILL STREET ADDRESS 109 DARKWATER LAKE RD. CITY-ST-ZIP HAWTHORNE FL 32640
TITLE D <input checked="" type="checkbox"/> Delete	NAME COKER, CAROL STREET ADDRESS 134 DARKWATER LAKE RD CITY-ST-ZIP HAWTHORNE, FL 32640
TITLE STD <input checked="" type="checkbox"/> Delete	NAME LOPATKA, ALAN STREET ADDRESS 130 DARKWATER LAKE RD CITY-ST-ZIP HAWTHORNE FL 32640
TITLE D <input checked="" type="checkbox"/> Delete	NAME BUDROW, RICHARD STREET ADDRESS 2601 SW 36TH AVE CITY-ST-ZIP OCCALA, FL 34474
TITLE PD <input checked="" type="checkbox"/> Delete	NAME BROWN, SID STREET ADDRESS 13426 CURRITUCK DR. S. CITY-ST-ZIP JACKSONVILLE FL 32225
TITLE	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MOORE, WILL STREET ADDRESS 109 DARKWATER LAKE RD. CITY-ST-ZIP HAWTHORNE FL 32640
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ASST SECITREASURER D NAME COKER, CAROL STREET ADDRESS 134 DARKWATER LAKE RD CITY-ST-ZIP HAWTHORNE FL 32640
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HAGEL, PAUL STREET ADDRESS 295 NEAL ROAD CITY-ST-ZIP HAWTHORNE, FL 32640
TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BUDROW, RICHARD STREET ADDRESS 299 NEAL ROAD CITY-ST-ZIP HAWTHORNE, FL 32640
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BROWN, SID STREET ADDRESS 13426 CURRITUCK DR. S. CITY-ST-ZIP JACKSONVILLE FL 32225
TITLE	NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Budrow - Sec. Treasurer* 9/30/00 (352) 237-2025

CR2E037 (9/99)

SP