2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

| ANNUAL N  |                                   | LILLD                         |  |   |  |
|---|-----------------------------------|-------------------------------|--|---|--|
| DOCUMENT # N11055  1. Enlity Name   |                                   |                               | Apr 2                                      | Apr 27, 2004 8:00 am<br>Secretary of State        |  |
| DARKWATER-CLEARWATER LAKES ASSOCIATION, INC.  | OWNERSHIP                         |                               |  | 7-2004 90085 041 ****61.25                        |  |
| Principal Place of Business   | Mailing Address                   |                               |  |   |  |
| 134 DARKWATER LAKE DR PO BOX 448 HAWTHORNE FL 32640 ORANGE SPRINGS FL 32182 US  |                                   |                               |  |   |  |
| 2. Principal Place of Business  | 3. Mailing Address                |                               |  |   |  |
| 130 DARKWATER LAN   |                                   |                               |  | #   |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.               |                               | MOC  | DRE CR2E037 (11/03)                               |  |
| HAWTHORNE, FL   | City & State                      |                               | 4. FEI Number 59                           | -2724051 Applied For Not Applicable               |  |
| 32640 Country   | Zip                               | Country                       | 5. Certificate of Statu                    | s Desired   |  |
| 6. Name and Address of Current F  | Registered Agent                  |                               | 7. Name and Addre                          | ss of New Registered Agent                        |  |
| Name Lo   |                                   |                               | LOPRTKA, 1                                 | PRTKA, ALAN                                       |  |
| COKER, LEROY<br>134 DARKWATER LAKE RD   |                                   | Street A                      | ddress (P.OBox Number is No                | Reptable AKE ROAD                                 |  |
| HAWTHORNE FL 32640  |                                   |                               | UIII TOTAL                                 |   |  |
|   |                                   | City /                        | JAWTHORNE                                  | = FL Zip Code 32640                               |  |
| 8. The above named entity submits this statement for the obligations of registered agent.   | the purpose of changing its       | registered office of          | r registered agent, or both, in the        | State of Florida. I am familiar with, and accep   |  |
| O(B)  | math                              | 1111                          | B / D O ( / )                              | a -1/2-1 1  |  |
| SIGNATURE, Signature, typed or printed name of registered agent   | nd title if applicable. (NOTE     |                               | B. LOPATK ( ure required when reinstating) | 4 04/27/2004<br>DATE                              |  |
| FILE NOW: FEE IS \$61.25  | 9. Election Can                   | npaign Financing              | \$5.00 May Be                              | Make Check Payable to                             |  |
| Due By May 1, 2004  | Trust Fund C                      | ontribution.                  | Added to Fees                              | Florida Department of State                       |  |
| 10. OFFICERS AND DIR  | ECTORS                            | <i>Νθ</i><br>■11.             | ADDITIONS/CHANGES                          | TO OFFICERS AND DIRECTORS IN 10                   |  |
| TITLE PD  | ☐ Delete                          | TITLE                         | PD   | Change ☐ Addition                                 |  |
| NAME POLLARD, DARNELL STREET ADDRESS 700 CAMELIA TRAIL  |                                   | NAME<br>STREET ADDRESS        | LOPATKA, ALAN                              |   |  |
| CITY-ST-ZIP ST AUGUSTINE FL-32086   |                                   | CITY-ST-ZIP                   | HAWTHORNE, FL                              |   |  |
| TITLE VD -  | ☐ Delete                          | TITLE                         | VD Fred B 1                                | Balkcom Change Addition                           |  |
| NAME CALTON, HARRY : 273 NEAL ROAD :  |                                   | NAME                          | 2316 1116                                  | novo cir.   |  |
| CITY-ST-ZIP HAWTHORNE FL 32640  |                                   | STREET ADDRESS<br>CITY-ST-ZIP | Jack sonv                                  | ille, j-la.<br>32218                              |  |
| TITLE STD   | ☐ Delete                          | ÎNTLE                         | STD  | Change  |  |
| NAME COKER, LEROY STREET ADDRESS 134 DARKWATER LAKE RD  |                                   | NAME<br>STREET ADDRESS        | LAHAIR , FRAYO                             | ALE GAD   |  |
| CITY-ST-ZIP HAWTHORNE FL 32640  |                                   | CITY-ST-ZIP                   | HAWTHORNE FL                               |   |  |
| DILE D IRELAND, WILLIAM   | ☐ Delete                          | TITLE                         |  |   |  |
| STREET ADDRESS 9932 BLAKEFORD MILL ROAD   |                                   | NAME<br>STREET ADDRESS        | 114 DARKW                                  | DNEY U, Dichange Addition ATER LAIKE Rd           |  |
| City-St-ZiP JACKSONVILLE FL 32256   |                                   | CITY-ST-ZIP                   |  | N, FL 32640                                       |  |
| TITLE SEABROOKE, ALAN   | ☐ Delete                          | TITLE                         | D BLACKWELL,                               | 1/  |  |
| NAME STREET ADDRESS 289 NEAL RD   |                                   | NAME<br>Street Address        | 110 DARKWATER                              | lake Road   |  |
| CITY-ST-ZIP HAWTHORNE FL 32640  |                                   | CITY-ST-ZIP                   | HAWTHORNE, I                               | =L -32640   |  |
| TITLE   | ☐ Delete                          | TITLE                         |  | ☐ Change ☐ Addition                               |  |
| NAME<br>STREET ADDRESS  |                                   | NAME<br>STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP                   |  |   |  |
| 12. Thereby certify that the information supplied with indicated on this report or supplemental report is   | true and accurate and that m      | ny sionature shali h          | eave the came lengt offect ac if n         | nade under oath: that I am an officer or director |  |
| 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: LIAN B. LOPATKA 04/28/2001 352-481-4936  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Davis Phone #   |                                   |                               |  |   |  |
| SIGNATURE AND TYPED OF PI   | MINI EO NAME OF SIGNING OFFICER ( | OH DIRECTOR                   | Da   | le* Daytime Phone #                               |  |

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