

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11055

FILED
Jul 13, 2006
Secretary of State

Entity Name: DARKWATER-CLEARWATER LAKES OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

130 DARKWATER LAKE RD.
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 448
ORANGE SPRINGS, FL 32182 US

New Mailing Address:

FEI Number: 59-2724051 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPATKA, ALAN
130 DARKWATER LAKE RD
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKWELL, WAYNE
Address: 110 DARKWATER LAKE RD.
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: PHILLIPS, RANDY
Address: 103 CLEARWATER COURT
City-St-Zip: HAWTHORNE, FL 32640 US

Title: STD () Delete
Name: LOPATKA, ALAN B
Address: 130 DARKWATER LAKE ROAD.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: SEABROOKE, ALLAN
Address: 289 NEAL ROAD.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: BALKCOM, FRED R
Address: 2310 VILLANOVE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAHAIR, JOE
Address: 104 DARKWATER LAKE ROAD.
City-St-Zip: HAWTHORNE, FL 32640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B. LOPATKA

Electronic Signature of Signing Officer or Director

STD

07/13/2006

Date