

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 20, 2009
Secretary of State**

DOCUMENT# N11055

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:

130 DARKWATER LAKE RD.
HAWTHORNE, FL 32640 US

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: ALAN B. LOPATKA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAHAIR, JOE
Address: 104 DARKWATER LAKE RD.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: HIGH, ROSANA
Address: 120 DARKWATER LAKE ROAD
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: YOUNT, GARY
Address: 100 DARKWATER LAKE 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: SEABROOKE, ALLAN
Address: 289 NEAL 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 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

11/20/2009

Date