

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 043 ****61.25

DOCUMENT # N11055

1. Entity Name **DARKWATER-CLEARWATER LAKES OWNERSHIP ASSOCIATION, INC.**

Principal Place of Business: **104 DARKWATER LAKE ROAD HAWTHORNE FL 32640 US**

Mailing Address: **PO BOX 448 ORANGE SPRINGS FL 32182 US**

2. Principal Place of Business: **134 DARKWATER LAKE RD**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **HAWTHORNE FL**

City & State: Suite, Apt. #, etc.

City & State: **HAWTHORNE FL**

City & State: Suite, Apt. #, etc.

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: **LAHAIR, JOE 104 DARKWATER LAKE ROAD HAWTHORNE FL 32640**

7. Name and Address of New Registered Agent: **COKER, LEROY 134 DARKWATER LAKE ROAD HAWTHORNE FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Leroy Coker* (LEROY COCKER) DATE: **4/27/03**



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25
PD CK# 527 4/26/03

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, DARNELL 700 CAMELIA TRAIL ST AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALTON, HARRY 273 NEAL ROAD HAWTHORNE FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEHAIR, JOE 104 DARKWATER LAKE ROAD HAWTHORNE FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COCKER, LEROY 134 DARKWATER LAKE RD HAWTHORNE, FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD COCKER, LEROY 134 DARKWATER LAKE RD HAWTHORNE FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD ALAN SEABROOKE 289 Neal Road HAWTHORNE, FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRELAND, WILLIAM 9932 BLAKEFORD MILL ROAD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leroy Coker* (LEROY COCKER) DATE: **4/27/03** 352-481-2570

CR2E037 (10/02)