

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21953 (7)**  
1. Corporation Name  
**CLIFTON ACRES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**%DAVID W. MACDONALD  
4025 QUAIL PATH ROAD  
COCOA BEACH FL 32926** **4055 QUAIL PATH ROAD  
COCOA FL 32926  
US**

3. Date Incorporated or Qualified **08/07/1987** 3a. Date of Last Report **04/14/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		59-2952212		Not Applicable	
23. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MACDONALD, DAVID W.  
4025 QUAIL PATH ROAD  
COCOA FL 32926**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEARN, PHIL</b>	1.2 NAME	
STREET ADDRESS	<b>4055 QUAIL PATH RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL 32926</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRASSER, ROBERT J.</b>	2.2 NAME	
STREET ADDRESS	<b>4050 QUAIL PATH RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKETT, JANET</b>	3.2 NAME	
STREET ADDRESS	<b>4040 QUAIL PATH RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNS, CARL E., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>4035 QUAIL PATH RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Carl E. Johns, Jr.* Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/96* *407-632-8650*  
Date Daytime Phone #

CR2E037 (12/95)