

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21953 (7)**  
 1. Corporation Name  
**CLIFTON ACRES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business %DAVID W. MACDONALD 4025 QUAIL PATH ROAD COCOA BEACH FL 32926	Mailing Address 4055 QUAIL PATH ROAD COCOA FL 32926-3544 US
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3. Date Incorporated or Qualified <b>08/07/1987</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2952212</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

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

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEARN, PHIL</b>
STREET ADDRESS	<b>4055 QUAIL PATH RD.</b>
CITY-ST-ZIP	<b>COCOA FL 32926</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STRASSER, ROBERT J.</b>
STREET ADDRESS	<b>4050 QUAIL PATH RD.</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BURKETT, JANET</b>
STREET ADDRESS	<b>4040 QUAIL PATH RD.</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNS, CARL E., JR.</b>
STREET ADDRESS	<b>4035 QUAIL PATH RD</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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. **3-3-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019140

CR2E037 (9/96)