FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

WDAVID W. MACDONALD

4025 QUAIL PATH ROAD

COCOA BEACH FL 32926

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

12.

TITLE

2. Principal Place of Business

MACDONALD, DAVID W.

4025 QUAIL PATH ROAD **COCOA FL 32926**

N21953

Mailing Address

COCOA FL 32926

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DELETE

26

27

28

29

4055 QUAIL PATH ROAD

CLIFTON ACRES HOMEOWNERS' ASSOCIATION, INC.

Country

9. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

25

Secretary of State 3. Date Incorporated or Qualified 08/07/1987 4. FEI Number Applied For 59-2952212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes 🔲 No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change ■ Addition

FILED

Mar 13 1998 8:00am

NAME HEARN, PHIL 1.2 NAME 4055 QUAIL PATH RD. STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL 32926** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE STRASSER, ROBERT J. NAME 2.2 NAME 4050 QUAIL PATH RD. STREET ADDRESS 2.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change __ Addition NAME **BURKETT, JANET** 3.2 NAME 4040 QUAIL PATH RD. STREET ADDRESS 3.3 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME JOHNS, CARL E., JR. 4. 2 NAME STREET ADDRESS 4035 QUAIL PATH RD 4.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

Country

81

83

13.

1.1 TITLE

14. 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 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.