FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N21953

1. Corporation Name

CLIFTON ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Busines
%DAVID W. MACDONALD
4025 QUAIL PATH ROAD
COCOA REAGHLEL 32926

Mailing Address 4055 QUAIL PATH ROAD COCOA FL 32926

US

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90190 023 ****61.25



-	Place of Business 2a. Mailing Address 26			3. Date Incorporated or Qualified 08/07/1987								
Suite, Apt.	# etc	tc.			4. FEI Number			Ар	plied For			
22	ot. #, etc. Suite, Apt. #, etc.					59-2952212			No	t Applicable		
City & Stat						5. Certificate of Status Desired See Required See Required						
Zip	Country	Country Zip Country			·	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
24	9. Name and Address of Current	29 Registered Agent	30			10. Name and Add		tegistered /				
	5. Name and Address of Current	Kegistered Agent		81 N	lame							
ALLODOMALD, DAVID W								LI				
MACDONALD, DAVID W.				82 Street Address (P.O. Box Number is Not Acceptable)								
	4025 QUAIL PATH ROAD COCOA FL 32926					83						
COCOA P	L 32926											
				84 C	ity			FL	85 Zip (Code		
11 Durguest	to the provisions of Sections 617.0502	and 617 1508 Florida	Statutes the ah	nove-na	med como	ration submits this sta	tement for the	nurnose of	changing its	registered		
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change	was authonzed	by the	corporation	n's board of directors.	I hereby accep	ot the appoir	ntment as re	gistered		
SIGNATURE			(NOTE: Registered	Amont of-	notive continue	when reinstation		DATE				
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Registered .	Agent sigi	nature required	ADDITIONS/CH/	ANGES TO OF		D DIRECTO	RS IN 12		
TITLE	D OFFICERS AND	DEL		1F					Change	☐ Addition		
	HEARN, PHIL		1.2 NA									
NAME	4055 QUAIL PATH RD.			REET ADD	DESS.							
STREET ADDRESS					į.				•			
CITY-ST-ZIP	COCOA FL 32926	DEL		TY-ST-ZIF	-		<u> </u>		Change	Addition		
TITLE	-		2.1 111 2.2 NA							_		
NAME	STRASSER, ROBERT J. 4050 QUAIL PATH RD.									•		
STREET ADDRESS				REETADO	1		·		٠			
CITY-ST-ZIP	COCOA FL	□ DEL		TY-ST-ZI	P				Change	☐ Addition		
TITLE	D DUDYETT JANET											
NAME	BURKETT, JANET		3.2 NA									
STREET ADDRESS	4040 QUAIL PATH RD.			REET ADI								
CITY-ST-ZIP	COCOA FL			TY-ST-ZI	Р		· · · · · · · · · · · · · · · · · · ·		Change	Addition		
TITLE	101810 0481 5 15	☐ DEL							Change			
NAME	JOHNS, CARL E., JR.		4. 2 NA									
STREET ADDRESS	4035 QUAIL PATH RD			REET ADO	i			٠.				
CITY-ST-ZIP	COCOA FL			TY-ST-ZIF	P				☐ Change	☐ Addition		
TITLE		☐ DEL					•			Addition		
NAME			5.2 NA									
STREET ADDRESS			4	REETAD				•				
CITY-ST-ZIP				TY-ST-ZIF	P		··			☐ Addition		
TITLE		☐ DEL	1				•		Change	☐ Addition		
NAME			6.2 NA						1			
STREET ADDRESS			6.3 ST	REET ADI	DRESS				•			
CITY- ST. 7ID	ì		6.4 CIT	TY-ST-ZIF	P							

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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Daytime Phone #

ZEU3/ (11/98)