

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2004
Secretary of State**

DOCUMENT# N21953

Entity Name: CLIFTON ACRES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

DIANA L. MIMS-REID
4010 QUAIL PATH ROAD
COCOA BEACH, FL 32926

Current Mailing Address:

4055 QUAIL PATH ROAD
COCOA, FL 32926 US

New Mailing Address:

4010 QUAIL PATH ROAD
COCOA, FL 32926 US

FEI Number: 59-2952212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DIANA L. MIMS-REID
4010 QUAIL PATH ROAD
COCOA, FL 32926 US

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.

SIGNATURE: DIANA L. MIMS-REID 04/05/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEARN, PHIL,
Address: 4055 QUAIL PATH RD.
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: STRASSER, ROBERT J.,
Address: 4050 QUAIL PATH RD.
City-St-Zip: COCOA, FL

Title: D () Delete
Name: BURKETT, JANET,
Address: 4040 QUAIL PATH RD.
City-St-Zip: COCOA, FL

Title: T (X) Delete
Name: JOHNS, CARL E., JR.,
Address: 4035 QUAIL PATH RD
City-St-Zip: COCOA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PERKINS, WILLIAM L.,
Address: 4045 QUAIL PATH RD.
City-St-Zip: COCOA, FL 32926

Title: DS (X) Change () Addition
Name: DEAKINS, TERRELL C.,
Address: 4015 QUAIL PATH RD.
City-St-Zip: COCOA, FL

Title: DT (X) Change () Addition
Name: DIANA L. MIMS-REID,
Address: 4010 QUAIL PATH RD.
City-St-Zip: COCOA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA L. MIMS-REID DT 04/05/2004
Electronic Signature of Signing Officer or Director Date