

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21953

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: CLIFTON ACRES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

4010 QUAIL PATH ROAD  
COCOA, FL 32926 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition  
Name: DEAKINS, TERRELL C.,  
Address: 4015 QUAIL PATH RD.  
City-St-Zip: COCOA, FL 32926

Title: DT (X) Change ( ) Addition  
Name: DIANA L. MIMS-REID,  
Address: 4010 QUAIL PATH RD.  
City-St-Zip: COCOA, FL 32926

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

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date