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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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95 APR 11 PM 9:50

DOCUMENT # **N37892** **(9)**

1. Corporation Name
**CLARION OAKS HOMEOWNER'S ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~5141 CLARION OAKS DR.~~<br>~~ORLANDO FL 32808~~<br>~~US~~<br>5286 | ~~5141 CLARION OAKS DR.~~<br>~~ORLANDO FL 32808~~<br>~~US~~<br>5286 |
| 2. Principal Place of Business<br>21 5286 CLARION OAKS DR | 2a. Mailing Address<br>26 5286 CLARION OAKS DR. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 ORLANDO, FL | City & State<br>28 ORLANDO, FL |
| Zip 24 32808 Country 25 US | Zip 29 32808 Country 30 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>04/23/1990 | 3a. Date of Last Report<br>08/09/1994 |
| 4. FEI Number<br>59-3009041 | ☐ Applied For<br>☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | **$68.75** Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~LYNAM, BRENDAN~~<br>~~5105 CLARION HAMMOCK DR.~~<br>~~ORLANDO FL 32808~~ | 81 Name: MIKE ARMSTRONG<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 5101 CLARION OAKS<br>84 City: ORLANDO FL 85 Zip Code: 32808 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michael E. Armstrong, President Clarion Oaks H/O Assn 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 11 TITLE | DP | ☑ Change ☐ Addition |
| NAME | LYNAM, BRENDEN | 12 NAME | MIKE ARMSTRONG | |
| STREET ADDRESS | 5105 CLARION HAMMOCK DR. | 13 STREET ADDRESS | 5101 CLARION OAKS DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | 14 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | DV | 21 TITLE | DV | ☑ Change ☐ Addition |
| NAME | YANDELL, JOHN | 22 NAME | TIM STREVER | |
| STREET ADDRESS | 5126 CLARION OAKS DR. | 23 STREET ADDRESS | 5169 CLARION HAMMOCK DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | 24 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | SD | 31 TITLE | DT | ☑ Change ☐ Addition |
| NAME | FORCE, SUZANNE | 32 NAME | KEN WOLFE | |
| STREET ADDRESS | 5166 CLARION HAMMOCK DR. | 33 STREET ADDRESS | 5286 CLARION OAKS DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | 34 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | TD | 41 TITLE | DS | ☑ Change ☐ Addition |
| NAME | REDGATE, PATRICIA | 42 NAME | TAMMY BUNALDA | |
| STREET ADDRESS | 5741 CLARION OAKS DR. | 43 STREET ADDRESS | 5112 CLARION HAMMOCK DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | 44 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | | 51 TITLE | D | ☐ Change ☑ Addition |
| NAME | | 52 NAME | JERRY GEORGE | |
| STREET ADDRESS | | 53 STREET ADDRESS | 5255 CLARION OAKS DRIVE | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Ken Wolfe KEN WOLFE, TREASURER 3/29/95 (407) 878-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00039820