

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jun 11 1996 8:00 am  
Secretary of State

**DOCUMENT # N37892 (9)**

1. Corporation Name

**CLARION OAKS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

5286 CLARION OAKS DR  
ORLANDO FL 32808  
US

5286 CLARION OAKS DR  
ORLANDO FL 32808  
US

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business  
21 **5101 CLARION OAKS** 2a. Mailing Address  
26 **5183 CLARION HAMMOCK DR.**

4. FEI Number **59-3009041** Applied For  
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **ORLANDO, FL** 28 **ORLANDO FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32808** 25 **U.S.** 29 **32808** 30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMSTRONG, MIKE**  
**5101 CLARION OAKS**  
**ORLANDO FL 32808**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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.

SIGNATURE

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  DELETE  
NAME **DP ARMSTRONG, MIKE**  
STREET ADDRESS **5101 CLARION OAKS DR**  
CITY - ST - ZIP **ORLANDO FL**

1.1 TITLE  Change  Addition  
1.2 NAME **D STRIBLING, PATTI**  
1.3 STREET ADDRESS **5244 CLARION HAMMOCK DR**  
1.4 CITY - ST - ZIP **ORLANDO, FL 32808**

TITLE  DELETE  
NAME **DV STREVER, TIM**  
STREET ADDRESS **5189 CLARION HAMMOCK DR**  
CITY - ST - ZIP **ORLANDO FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  DELETE  
NAME **DT WOLFE, KEN**  
STREET ADDRESS **5286 CLARION OAKS DR**  
CITY - ST - ZIP **ORLANDO FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE  
NAME **DS BUWALDA, TAMMY**  
STREET ADDRESS **5117 CLARION HAMMOCK DR**  
CITY - ST - ZIP **ORLANDO FL**

4.1 TITLE  Change  Addition  
4.2 NAME **DS BUSHKIE, SUSAN**  
4.3 STREET ADDRESS **5134 CLARION OAKS DR**  
4.4 CITY - ST - ZIP **ORLANDO, FL 32808**

TITLE  DELETE  
NAME **D GEORGE, JERRY**  
STREET ADDRESS **5255 CLARION OAKS DR**  
CITY - ST - ZIP **ORLANDO FL**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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: *Patti Stribling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/5/96* 407/248-1802 x148  
Date Daytime Phone #

CR2E037 (12/95)