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**Jun 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37892 (9)

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



Principal Place of Business 5101 CLARION OAKS ORLANDO FL 32808 US	Mailing Address 5183 CLARION HAMMOCK DRIVE ORLANDO FL 32808 US
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3. Date Incorporated or Qualified 04/23/1990	
4. FEI Number 59-3009041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5281 CLARION HAMMOCK DR. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip 24 32808	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
EILEEN JOHNS
 82 Street Address (P.O. Box Number is Not Acceptable)
5281 CLARION HAMMOCK DR.
 83
 84 City
ORLANDO **FL** 85 Zip Code
32808

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: *Eileen Johns* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME ARMSTRONG, MIKE	
STREET ADDRESS 5101 CLARION OAKS DR	
CITY-ST-ZIP ORLANDO FL	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME STREVER, TIM	
STREET ADDRESS 5189 CLARION HAMMOCK DR	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STRIBLING, PATTI	
STREET ADDRESS 5244 CLARION HAMMOCK DRIVE	
CITY-ST-ZIP ORLANDO FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME BUSHKIE, SUSAN	
STREET ADDRESS 5134 CLARION OAKS DRIVE	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GEORGE, JERRY	
STREET ADDRESS 5255 CLARION OAKS DR	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME PRESIDENT	
1.3 STREET ADDRESS EILEEN JOHNS	
1.4 CITY-ST-ZIP 5281 CLARION HAMMOCK DR, ORLANDO, FL 32808	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME VICE-PRESIDENT	
2.3 STREET ADDRESS JOSEPH CARPENTER	
2.4 CITY-ST-ZIP 5172 CLARION OAKS DR. ORLANDO, FL 32808	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME MARK GAMBLE	
3.3 STREET ADDRESS 5254 CLARION OAKS DR.	
3.4 CITY-ST-ZIP ORLANDO, FL 32808	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME MIKE MEREDITH	
5.3 STREET ADDRESS 5247 CLARION OAKS DR.	
5.4 CITY-ST-ZIP ORLANDO, FL 32808	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME MARY OPIFICIUS	
6.3 STREET ADDRESS 5183 CLARION HAMMOCK DR.	
6.4 CITY-ST-ZIP ORLANDO FL 32808	

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.

SIGNATURE: *Eileen Johns*

3-30-98

CR2E037 (10/97)