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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N37892**

1. Corporation Name

CLARION OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

5281 CLARION HAMMOCK DR
 ORLANDO FL 32808
 US

Mailing Address

5183 CLARION HAMMOCK DRIVE
 ORLANDO FL 32808
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/23/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3009041

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EILEEN JOHNS
 5281 CLARION HAMMOCK DR
 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 **DP** DELETE
 NAME **EILEEN JOHNS**
 STREET ADDRESS **5281 CLARION HAMMOCK DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DVP** DELETE
 NAME **JOSEPH CARPENTER**
 STREET ADDRESS **5172 CLARION OAKS DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **D** DELETE
 NAME **MARK GAMBLE**
 STREET ADDRESS **5254 CLARION OAKS DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **DS** DELETE
 NAME **BUSHKIE, SUSAN**
 STREET ADDRESS **5134 CLARION OAKS DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **MIKE MERIDITH**
 STREET ADDRESS **5247 CLARION OAKS DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **D** DELETE
 NAME **MARY OPIFIUS**
 STREET ADDRESS **5183 CLARION HAMMOCK DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Mary P. Opificius* **MARY P. OPIFIUS** 2/10/99 (407) 298-9241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)