

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90296 015 \*\*\*\*61.25

**DOCUMENT # N37892**

1. Entity Name

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

Principal Place of Business

Mailing Address

C/O PENN FIRST MANAGEMENT INC  
 453 MARK TWAIN BLVD  
 ORLANDO FL 32828  
 US

C/O PENN FIRST MANAGEMENT INC  
 453 MARK TWAIN BLVD  
 ORLANDO FL 32828  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3009041**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENN FIRST MANAGEMENT INC**  
**453 MARK TWAIN BLVD**  
**ORLANDO FL 32828**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BOTELHO, COLLETTE<br>453 MARK TWAIN BLVD<br>ORLANDO FL 32828 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>RIORDAN, PAUL<br>453 MARK TWAIN BLVD<br>ORLANDO FL 32828    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>ARMSTRONG, MIKE<br>453 MARK TWAIN BLVD<br>ORLANDO FL 32828  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NELSON, GAIL<br>453 MARK TWAIN BLVD<br>ORLANDO FL 32828       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SANCHED, NANCY<br>5247 CLARION OAKS DR<br>ORLANDO, FL 32805   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>RIORDAN, PAUL<br>5149 CLARION OAKS DR<br>ORLANDO, FL 32805   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>YVONNE POWER<br>5856 CLARION HARMONCH DR<br>ORLANDO, FL 32809 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BACO, JAIKA<br>5239 CLARION HARMONCH DR<br>ORLANDO, FL 32805  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIXON, JAMEY<br>5153 CLARION HARMONCH DR<br>ORLANDO, FL 32805  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00  
 Date

407-844-4755 X281  
 Daytime Phone #

CR2E037 (10/00)