

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90195 010 ****61.25

DOCUMENT # N37892
 1. Entity Name
 CLARION OAKS HOMEOWNER'S ASSOCIATION, INC.



14006716



Principal Place of Business
 C/O PENN FIRST MANAGEMENT INC
 1813 N. DEAN RD STE 103
 ORLANDO, FL 32817 US

Mailing Address
 C/O PENN FIRST MANAGEMENT INC
 1813 N. DEAN RD STE 103
 ORLANDO, FL 32817 US

2. Principal Place of Business
 Penn First / Boyle Management, Inc.
 Suite, Apt. #, etc.
 498 Palm Springs Drive #235
 City & State
 Altamonte Springs, FL
 Zip
 32701

3. Mailing Address
 498 Palm Springs Drive
 Suite, Apt. #, etc.
 #235
 City & State
 Altamonte Springs, FL
 Zip
 32701
 Country
 U.S.

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3009041
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PENN FIRST MANAGEMENT INC
 1813 N. DEAN RD STE 103
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent
 Name
 James Boyle
 Street Address (P.O. Box Number is Not Acceptable)
 498 Palm Springs Drive Suite 235
 City
 Altamonte Springs FL Zip Code
 32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTELHO, COLLETTE <input checked="" type="checkbox"/> Delete 5275 CLARION HAMMOCK DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIORDAN, PAUL <input type="checkbox"/> Delete 5149 CLARION OAKS DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWER, YVONNE <input type="checkbox"/> Delete 5256 CLARION HAMMOCK DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Director at Large BACO, JAIRA Jaira Baco <input type="checkbox"/> Delete 5239 CLARION HAMMONC DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, JAMES <input checked="" type="checkbox"/> Delete 5153 CLARION HAMMOCK DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Claire Oscar-Deo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5281 Clarion Hammock Dr. Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect Delphina Davis-Hyche <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5159 Clarion Hammock Dr Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REC'D _____
 VENDOR # _____ Change Addition
 ASSN # _____
 MGR _____
 DATE _____ Change Addition
 TRANS # _____

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: C. Deo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 (407)523-2298
 Date Daytime Phone #