## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N37892  1. Entity Name CLARION OAKS HOMEOWNER'S ASSOCIATION, INC.					04	-23-2004 901	195 010	****61	.25
	RST MANAGEMENT INC C An RD Ste 103	Mailing Address C/O PENN FIRST MANAGE 1813 N. DEAN RD STE 10 DRLANDO, FL 32817				140067			
Principal P	Place of Business In 3.	Mailing Address 18 Halm Sonne	s Drive			<u> </u>			
498 Kalm		Suite, Apt. #, etc. # 235		0	3232004 Ch	g-NP C	R2E037 (	10/03)	
Lity & Stat		City & State Soc	mas.FL	4.	FEI Number 59-300904	İ		<del></del>	plied For Applicable
Žip	Country	32701	CUS.	5.	Certificate of Sta	tus Desired		.75 Addi	
	6. Name and Address of Current Regis			7.	Name and Addr	ess of New Regis			
	ST MANAGEMENT INC		Name (	anes	Boyle				± 2 10
	EAN RD STE 103 ), FL 32817		Street A	dojesa (P.O.	Box Number is N	Drive S	sute	<u> </u>	)
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<u></u>		mark	Sonnas		FL	21332°	<u> 101</u>		
	e named entity submits this statement for the patients of registered agents	purpose of changing its re	gistered office or	registered a	igent, or both النيا	he State of Florida	a. Fam fami	iliar with, a	and accept
	(4)					V/r			
SIGNATURE	Signature, types or printed name of reasoned ageorand tries	e if applicable. (NOTE: F	legistered Agent signati	ure required when	reinstating)		DATE		<del>-</del>
	Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.						Driil		
	<del>-</del>	,	•	\$5	i.00 May Be ded to Fees		check pa Departme		
10.	<del>-</del>	Trust Fund Cor	ntribution.	□ <b>\$5</b> □ Add	i.00 May Be ded to Fees ITIONS/CHANGE		Departme	ent of St	ate
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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 autoriess, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



