

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90018 003 ****61.25



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

Principal Place of Business
 C/O PENN FIRST MANAGEMENT INC
 498 PALM SPRINGS DRIVE #235
 ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
 498 PALM SPRINGS DRIVE #235
 ALTAMONTE SPRINGS, FL 32701 US

DATE 1-17-05
 TRANS # 71488



2. Principal Place of Business
Boyle Management Services Inc. SAME
 Suite, Apt. #, etc.
498 Palm Springs Dr #235
 City & State
Altamonte Springs FL
 Zip
32701
 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

01042005 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
BOYLE, JAMES
 498 PALM SPRINGS DRIVE SUITE 235
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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, 2005

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	T	<input type="checkbox"/> Delete
NAME	OSCAR-DEW, CLAIRE	
STREET ADDRESS	5281 CLAIRE HAMMOCK DR	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIORDAN, PAUL	
STREET ADDRESS	5149 CLARION OAKS DR	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POWER, YVONNE	
STREET ADDRESS	5256 CLARION HAMMOCK DR	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DACO, TAIRA	
STREET ADDRESS	5239 CLARION HAMMONC DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS-HYCHE, DELPHINA	
STREET ADDRESS	5159 CLAISEN HAMMOCK DR	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Alex Shannon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Shannon	
STREET ADDRESS	5280 Clarion Hammock Dr	
CITY-ST-ZIP	Orlando FL 32808	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Brown	
STREET ADDRESS	5106 Clarion Hammock Dr	
CITY-ST-ZIP	Orlando FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #