

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37892

FILED
Mar 23, 2009
Secretary of State

Entity Name: CLARION OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

BOYLE MANAGEMENT SERVICES, INC.
498 PALM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

BOYLE MANAGEMENT SERVICES, INC.
498 PALM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3009041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS-HYCHE, DELPHENIA
Address: 5159 CLARION HAMMOCK
City-St-Zip: ORLANDO, FL 32808

Title: P () Delete
Name: RIORDAN, PAUL
Address: 5149 CLARION OAKS DR
City-St-Zip: ORLANDO, FL 32808.

Title: D () Delete
Name: PATTON, MARY
Address: 523 CLARION HAMMOCK
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: JEFFERSON, TAMARA
Address: 5164 CLARION OAKS
City-St-Zip: ORLANDO, FL 32808

Title: SEC () Delete
Name: POWERS, BONNIE
Address: 5256 CLARION
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: BAY, BARBARA
Address: 5712 CLARION HAMMOCK
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W BOYLE

MGR

03/23/2009

Electronic Signature of Signing Officer or Director

Date