

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

0073944

02-27-2003 90107 028 \*\*\*\*61.25

**DOCUMENT # N37892**

1. Entity Name

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



Principal Place of Business

**C/O PENN FIRST MANAGEMENT INC**  
~~453 MARK TWAIN BLVD~~  
~~ORLANDO FL 32020~~  
~~US~~

Mailing Address

**C/O PENN FIRST MANAGEMENT INC**  
~~453 MARK TWAIN BLVD~~  
~~ORLANDO FL 32028~~  
~~US~~

2. Principal Place of Business

**PENN FIRST  
MANAGEMENT, INC**  
**1813 N. DEAN RD SUITE 103--**  
**ORLANDO FL 32817,**

3. Mailing Address

**PENN FIRST  
MANAGEMENT, INC**  
**1813 N. DEAN RD SUITE 103**  
**ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

FEI Number **59-3009041**

Applied For

Not Applicable

Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PENN FIRST MANAGEMENT INC**  
**453 MARK TWAIN BLVD**  
**ORLANDO FL 32020**

7. Name and Address of New Registered Agent

Name **PENN-FIRST**  
Street **MANAGEMENT, INC**  
**1813-N. DEAN RD SUITE 103**  
**ORLANDO FL 32817**  
City \_\_\_\_\_ 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, 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BOTELHO, COLLETTE</b> <b>5275 CLARION HAMMOCK DR.</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>RIORDAN, PAUL</b> <b>5149 CLARION OAKS DR</b> <b>ORLANDO FL 32-808.</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>POWER, YVONNE</b> <b>5256 CLARION HAMMOCK DR</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DACO, TAIRA</b> <b>5239 CLARION HAMMONC DR</b> <b>ORLANDO FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>DIXON, JAMEY</b></del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5153 CLARION HAMMOCK DR</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	<b>James Dixon</b> <b>5153 Clarion Hammock Dr.</b> <b>Orlando FL 32808</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Collette Botelho*  
**BOTECHO** 2-19-03 407-599-33