

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11055

**Entity Name:** DARKWATER-CLEARWATER LAKES OWNERSHIP ASSOCIATION, INC.

**FILED**  
**Jun 13, 2019**  
**Secretary of State**  
**1152258751CC**

**Current Principal Place of Business:**

134 DARKWATER LAKE RD  
HAWTHORNE, FL 32640

**Current Mailing Address:**

134 DARKWATER LAKE RD  
HAWTHORNE, FL 32640 US

**FEI Number: 59-2724051**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FESSENDEN, KAREN L  
134 DARKWATER LAKE RD  
HAWTHORNE, FL 32640 US

*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: KAREN L. FESSENDEN**

**06/13/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name FESSENDEN, KAREN  
Address 134 DARKWATER LAKE ROAD.  
City-State-Zip: HAWTHORNE FL 32640

Title PRESIDENT  
Name FESSENDEN, PAUL ALBERT  
Address 134 DARKWATER LAKE RD  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
Name BUHL, JEFF  
Address 104 DARKWATER LAKE ROAD  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
Name SMITH, WESLEY  
Address 287 NEAL RD.  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
Name MCCULLOUGH, MARTHA  
Address 3426 NW 40TH STREET  
City-State-Zip: GAINESVILLE FL 32606

*I hereby 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 all other like empowered.*

**SIGNATURE: KAREN FESSENDEN**

**SECRETARY/TREASURER 06/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date