

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37892

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

**Current Principal Place of Business:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750

**Current Mailing Address:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number:** 59-3009041

**Certificate of Status Desired:** No

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

BONO AND ASSOCIATES  
640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 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:** MICHAEL L BONO

04/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FREDRICK, ALLAN  
Address        640 E. STATE ROAD 434 SUITE 3000  
  
City-State-Zip: LONGWOOD FL 32750

Title           SECRETARY  
Name           PEPPER, KEVIN  
Address        640 E. STATE ROAD 434 SUITE 3000  
  
City-State-Zip: LONGWOOD FL 32750

Title           DIRECTOR  
Name           TURBYFILL, ANN  
Address        640 E. STATE ROAD 434 SUITE 3000  
  
City-State-Zip: LONGWOOD FL 32750

Title           PRESIDENT  
Name           WEATHERS, DENISE  
Address        640 E. STATE ROAD 434 SUITE 3000  
  
City-State-Zip: LONGWOOD FL 32750

Title           VP  
Name           FARMER, DEREK  
Address        640 E. STATE ROAD 434 SUITE 3000  
  
City-State-Zip: LONGWOOD FL 32750

*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:** DENISE WEATHERS

**PRESIDENT**

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date