FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:26

DOCUMENT # 767491 (4)

1. Corporation Name
CORLEY ISLAND RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
138 KINGS BLVD LEESBURG FL 34748 US	138 KINGS BLVD LEESBURG FL 34748 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1983
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2871839 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, JEAN
55 HILLCREST LANE
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name: LOUISE A. MERRICK
82 Street Address (P.O. Box Number is Not Acceptable): 47 HILLCREST LANE
83
84 City: LEESBURG FL 85 Zip Code: 34748

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Louise A. Merrick — 2/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P.D	☐ Change ☒ Addition
NAME	FOCO, VIRGIL	1.2 NAME	ELMER ELWELL	
STREET ADDRESS	61 HILLCREST LN	1.3 STREET ADDRESS	227 PRINCE DR	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	SMITH, JEAN	2.2 NAME	LOUISE MERRICK	
STREET ADDRESS	55 HILLCREST LN	2.3 STREET ADDRESS	47 HILLCREST LN	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	TD	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	CHURCHILL, EVELYN	3.2 NAME	EILEEN RADKE	
STREET ADDRESS	218 PRINCE DR	3.3 STREET ADDRESS	99 HILLCREST LN	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SHULTS, ANTHONY	4.2 NAME	JANETTE JOHNSON	
STREET ADDRESS	240 PRINCE DRIVE	4.3 STREET ADDRESS	226 PRINCE DR	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	AFTON, DONNA	5.2 NAME	JACK SWAN	
STREET ADDRESS	125 QUEENS DR	5.3 STREET ADDRESS	165 KINGS BLVD	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	AUSTIN, DONALD	6.2 NAME	ALFRED TASKER	
STREET ADDRESS	15 KINGS BLVD.	6.3 STREET ADDRESS	97 QUEENS DR	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	LEESBURG, FL 34748	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louise A. Merrick (LOUISE A. MERRICK) Secty 2-1-95 904 326 9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060201