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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767491** (4)

1. Corporation Name

CORLEY ISLAND RESIDENTS ASSOCIATION, INC.

HOMEOWNERS ASSOCIATION, INC. N/C 3-17

Principal Place of Business

Mailing Address

**138 KINGS BLVD
LEESBURG FL 34748
US**

**138 KINGS BLVD
LEESBURG FL 34748-8507
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/15/1983

3a. Date of Last Report
01/31/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**MERRICK, LOUISE A.
47 HILLCREST LANE
LEESBURG FL 34748**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Louise A. Merrick

2/7/97

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 **P** ☐ DELETE
NAME **O'GORMAN, JOE**
STREET ADDRESS **168 CROWN DRIVE**
CITY-ST-ZIP **LEESBURG FL 34748**

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **MILLER, EARL**
1.3 STREET ADDRESS **199 ROYAL DR**
1.4 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **V** ☐ DELETE
NAME **RUSSELL, RUSS**
STREET ADDRESS **175 CROWN DRIVE**
CITY-ST-ZIP **LEESBURG FL 34748**

2.1 TITLE **D.** ☐ Change ☐ Addition
2.2 NAME **CHARLES CHURCHILL**
2.3 STREET ADDRESS **218 PRINCE DR**
2.4 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ DELETE
NAME **THOMPSON, HELEN**
STREET ADDRESS **119 QUEENS DRIVE**
CITY-ST-ZIP **LEESBURG FL 34748**

3.1 TITLE **D.** ☐ Change ☒ Addition
3.2 NAME **PAT PATTAT**
3.3 STREET ADDRESS **215 ROYAL DR**
3.4 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **TD** ☐ DELETE
NAME **RADKE, EILEEN**
STREET ADDRESS **79 HILLCREST LANE**
CITY-ST-ZIP **LEESBURG FL 34748**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MERRICK, LOUISE**
STREET ADDRESS **47 HILLCREST LANE**
CITY-ST-ZIP **LEESBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MELANSON, PEG**
STREET ADDRESS **65 HILLCREST LANE**
CITY-ST-ZIP **LEESBURG FL 34748**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Secretary

2/7/97

CR2E037 (9/96)