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FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 HOMEOWNERS ASSOC., INC.

Principal Place of Business

Mailing Address

**138 KINGS BLVD
LEESBURG FL 34748
US**

**138 KINGS BLVD
LEESBURG FL 34748
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/15/1983

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No *but filed*

10. Name and Address of New Registered Agent

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, Secretary

1-11-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'GORMAN, JOE	
STREET ADDRESS	168 CROWN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, RUSS	
STREET ADDRESS	175 CROWN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, HELEN	
STREET ADDRESS	119 QUEENS DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RADKE, EILEEN	
STREET ADDRESS	79 HILLCREST LANE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERRICK, LOUISE	
STREET ADDRESS	47 HILLCREST LANE	
CITY-ST-ZIP	LEESBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MELANSON, PEG	
STREET ADDRESS	85 HILLCREST LANE	
CITY-ST-ZIP	LEESBURG FL 34748	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ague, Bill	
1.3 STREET ADDRESS	131 Kings Blvd	
1.4 CITY-ST-ZIP	Leesburg, Fl. 34748	

2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Confer, Virginia	
2.3 STREET ADDRESS	244 Prince Dr.	
2.4 CITY-ST-ZIP	Leesburg, Fl. 34748	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pattat, Pat	
3.3 STREET ADDRESS	215 Royal Dr.	
3.4 CITY-ST-ZIP	Leesburg, Fl. 34748	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Clarke, Ralph	
4.3 STREET ADDRESS	171 Crown Dr.	
4.4 CITY-ST-ZIP	Leesburg, Fl. 34748	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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*

1-11-98

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326 9118**

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