2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 767491

1. Entity Name

CORLEY ISLAND HOMEOWNERS ASSOC., INC.

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FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90843 021 ****61.25

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City & State City & FL Zip Code City	2. Principal Place of Business 3. Mailing Address								
Zp Country Zp Country 5. Cartificate of Status Desired Sets 58.75 Additional Fear Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Add	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent SMITH, JAMES C 189 OUTCHESS OR LEESBURG FL 34748 The above rarmed entity autimits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered	City & State		City & State	City & State		4. FEI Number 59-2871839 Applied For			
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SMITH, JAMES C 188 QUITCHESS DR LEESBURG FL 34748 City FL Zip Code City FL Zip Cod		6. Name and Address of Curre	nt Registered Agent		7. Name and Add		<u>.</u>		
LESBURG FL 34748 City FL Zip Code Line above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. I am farmitier with, and accept the obligations of registered agent. Signature: Signature: File NOW: FEE IS \$61.25 9. Election Campagn Financing Trust Fund Contribution. FILE NOW: FEE IS \$61.25 9. Election Campagn Financing Trust Fund Contribution. Addition Fees Make Check Payable to Florida Department of State Florida Department of State FERGER, EDWARD FE		•		Name					
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FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFF	the above	enamed entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or re	egistered agent, or both, in	the State of Florida. I am fa	amiliar with, and accept		
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	AME TREET ADDRESS TY-ST-ZIP	TD SMITH, JIM 189 DUCHESS DRIVE	□ Celete		<i>D</i> .				

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

352-323-8753

59-2871839

Entity Name: CORLEY ISLAND HOMEOWNERS ASSOC., 138 Kings Blvd.

Leesburg, FL 34748

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Supplement to Block 11:

Additions/Changes to Officers and Directors in 10/

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
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