FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12363 (4)

1. Corporation Name
CLERBROOK RESORTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1608 TARPON SPGS. FL 34688-8608	P.O. BOX 1608 TARPON SPGS. FL 34688-8608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1986
3a. Date of Last Report: 03/08/1994

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

4. FEI Number: 59-2667058 ☐ 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

9. Name and Address of Current Registered Agent

FORD, DAVID S.
1570 U.S. 19 NORTH
TARPON SPRINGS FL 33589

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	1.1 TITLE	D P	☒ Change ☐ Addition
NAME	FRIEDLAND, LEWIS	1.2 NAME		
STREET ADDRESS	43309 U.S. HWY. 19 N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPGS FL	1.4 CITY-ST-ZIP		
TITLE	~~DST~~ DST	2.1 TITLE		☐ Change ☐ Addition
NAME	FORD, DAVID	2.2 NAME		
STREET ADDRESS	43309 U.S. HWY 19 N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPGS FL	2.4 CITY-ST-ZIP		
TITLE	~~DP~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~BOUSE, ROBERT~~	3.2 NAME		
STREET ADDRESS	~~20005 HWY. 27~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~CLERMONT FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	DV	☐ Change ☒ Addition
NAME		4.2 NAME	GARY SALING	
STREET ADDRESS		4.3 STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TARPON SPGS FL	
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	RON WILLIAMS	
STREET ADDRESS		5.3 STREET ADDRESS	20005 US HWY 27	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LEWIS FRIEDLAND 1-30-95 813-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0373019 CP