

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008852

FILED  
Aug 05, 2003  
Secretary of State

**Entity Name:** CLIFTON PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

279 MAGNOLIA BAY DR  
EAST POINT, FL 32328

**New Principal Place of Business:**

116 CLIFTON BEACH DR.  
CAPE SAN BLAS, FL 32456

**Current Mailing Address:**

279 MAGNOLIA BAY DR  
EAST POINT, FL 32328

**New Mailing Address:**

1805 STARSTONE COURT  
COLORADO SPRINGS, CO 80919

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, DALE  
279 MAGNOLIA BAY DR  
EAST POINT, FL 32328

**Name and Address of New Registered Agent:**

SCHMITT, ALICE  
116 CLIFTON BEACH DR.  
CAPE SAN BLAS, FL 32456

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALICE SCHMITT

08/05/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, DALE  
Address: 279 MAGNOLIA BAY DR  
City-St-Zip: EAST POINT, FL 32328

Title: VD ( ) Delete  
Name: SCHMITT, BRIAN W  
Address: 1805 STARSTON CT  
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: SD ( ) Delete  
Name: SCHMITT, ALICE M  
Address: 1805 STARSTON CT  
City-St-Zip: COLORADO SPRINGS, CO 80919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHMITT, ALICE  
Address: 116 CLIFTON BEACH DR.  
City-St-Zip: CAPE SAN BLAS, FL 32456

Title: VD (X) Change ( ) Addition  
Name: SCHMITT, BRIAN W  
Address: 1805 STARSTONE CT  
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: SD (X) Change ( ) Addition  
Name: FIKE, JIM  
Address: 14582 BRIDLEWOOD LN.  
City-St-Zip: GRANGER, IN 46530

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN W SCHMITT

VD

08/05/2003

Electronic Signature of Signing Officer or Director

Date