

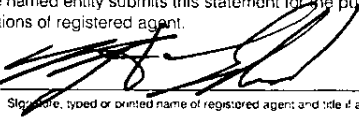
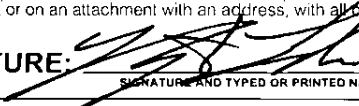


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90042 042 \*\*\*\*61.25

<b>DOCUMENT # N07000008581</b>					
<b>1. Entity Name</b> CLARK STATION CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5763 ROSIN WAY, STE. 1 SARASOTA, FL 34233			<b>Mailing Address</b> 5763 ROSIN WAY, STE. 1 SARASOTA, FL 34233		
<b>2. Principal Place of Business - No P.O. Box #</b> 5130 Station Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5130 Station Way Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		01092008    Chg-NP    CR2E037 (12/06)	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 26-0851599	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SHAW, TIMOTHY S. ESQ. 50 CENTRAL AVE., STE. 700 KIRK PINKERTON, P.A. SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b>  Name: Barry D. Edwards Street Address (P.O. Box Number is Not Acceptable): 5130 Station Way City: Sarasota State: FL    Zip Code: 34233		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> 		Barry D. Edwards, DP		1/14/2008	
Filing Fee is \$61.25 Due by May 1, 2008		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP EDWARDS, BARRY D. 5763 ROSIN WAY, STE. 1 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DST PATANE, JOSEPH M. 5763 ROSIN WAY, STE. 1 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D BURKE, THOMAS M. 5763 ROSIN WAY, STE. 1 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5130 Station Way				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5130 Station Way				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5130 Station Way				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 					
Barry D. Edwards, DP    1/14/2008    941921-1023					