2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11055

FILED Aug 23, 2008 Secretary of State

Entity Name: DARKWATER-CLEARWATER LAKES OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 130 DARKWATER LAKE RD. HAWTHORNE, FL 32640 **Current Mailing Address: New Mailing Address:** PO BOX 448 ORANGE SPRINGS, FL 32182 US FEI Number: 59-2724051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPATKA, ALAN 130 DARKWATER LAKE RD HAWTHORNE, FL 32640 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BLACKWELL, WAYNE LAHAIR, JOE Name: Name: 110 DARKWATER LAKE RD. Address: 104 DARKWATER LAKE RD. Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: Title: (X) Change () Addition () Delete SINCOX, STEVE Name: HIGH, ROSANA Name: Address: 283 NEAL ROAD Address: 120 DARKWATER LAKE ROAD City-St-Zip: HAWTHORNE, FL 32640 US City-St-Zip: HAWTHORNE, FL 32640 US Title: STD () Delete Title: () Change () Addition LOPATKA, ALAN B Name: Name: 130 DARKWATER LAKE ROAD. Address: Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: () Delete Title: Title: (X) Change () Addition SEABROOKE, ALLAN Name: Name: YOUNT, GARY 100 DARKWATER LAKE ROAD Address: 289 NEAL ROAD Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: () Delete Title: () Change () Addition BALKCOM, FRED R Name: Name: 2310 VILLANOVE CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALAN B. LOPATKA STD 08/23/2008