

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25469** (0)
1. Corporation Name
CLH ASSOCIATION, INC.



Principal Place of Business 10000 US 98 N. #303 LAKELAND FL 33809	Mailing Address 10000 US 98 N. #303 LAKELAND FL 33809
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3. Date Incorporated or Qualified 03/17/1988
4. FEI Number 59-2878564
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RESNICK, MICHAEL L
1342 E VINE STREET, #236
KISSIMMEE FL 34744**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD KERR, BOB <input checked="" type="checkbox"/> DELETE
NAME	10000 US 98 NORTH, #900
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	
TITLE	VD BONIFIELD, LEN <input type="checkbox"/> DELETE
NAME	10000 US 98 N, #955
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	
TITLE	TD MERRITT, ANNE <input type="checkbox"/> DELETE
NAME	10000 US 98 N, #617
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	
TITLE	VD KERR, BOB <input type="checkbox"/> DELETE
NAME	10000 US 98 N, #900
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	
TITLE	SD SCHIEN, NANCY <input type="checkbox"/> DELETE
NAME	10000 US 98 N, #688
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	
TITLE	D JUAN, RICK <input type="checkbox"/> DELETE
NAME	10000 US 98 N, #670
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEN BONIFIELD
1.3 STREET ADDRESS	10000 US Hwy 98 North, # 955
1.4 CITY-ST-ZIP	Lakeland, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dave Sechlin
2.3 STREET ADDRESS	10000 US Hwy 98 North, No. 1067
2.4 CITY-ST-ZIP	Lakeland, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Equizi
3.3 STREET ADDRESS	10000 US Hwy 98 North, # 985
3.4 CITY-ST-ZIP	LAKELAND, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barb Cottone
4.3 STREET ADDRESS	10000 U.S. Hwy 98 North #950
4.4 CITY-ST-ZIP	Lakeland, FL 33809
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chuck Zimmerman
5.3 STREET ADDRESS	10000 US Hwy 98 North, No. 759
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pat Fitzgerald
6.3 STREET ADDRESS	10000 US Hwy 98 North, #850
6.4 CITY-ST-ZIP	Lakeland, FL 33809

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **LEN BONIFIELD, Pres.** 2/4/98 941-863-1560

CR2E037 (10/97)