FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # N38565 (0)

1. Corporation Name
CLINCH LAKE PARK RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JAMES H ERLENBACH 1000 CLINCH BLVD STE 73 FROSTPROOF FL 33843 US	C/O JAMES H ERLENBACH 1000 CLINCH BLVD STE 73 FROSTPROOF FL 33843 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-3103618 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1000 CLINCH Blvd, Lot 52	26
Suite, Apt. #, etc. 22 Lot 52	Suite, Apt. #, etc. 27
City & State 23 Frostproof, FL.	City & State 28 Same
Zip 24 33843 Country 25 U.S.A.	Zip 29 Country 30

9. Name and Address of Current Registered Agent
ERLENBACH, JAMES H
1000 CLINCH BLVD
STE 73
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent
81 Name: Jack Goebels, President
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Clinch Blvd.
83 Lot. 52
84 City: Frostproof FL 85 Zip Code: 33843

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: X Jack Goebels 2-5-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ERLENBACH, JAMES H	1.2 NAME	Jack Goebels	
STREET ADDRESS	1000 CLINCH BLVD STE 73	1.3 STREET ADDRESS	1000 CLINCH Blvd, Lot 52	
CITY-ST-ZIP	FROSTPROOF FL	1.4 CITY-ST-ZIP	Frostproof, FL. 33843	
TITLE	S	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	JORDEN, DOROTHY	2.2 NAME	Robert Parris	
STREET ADDRESS	1000 CLINCH BLVD STE 52A	2.3 STREET ADDRESS	1000 Clinch Blvd, Lot 43	
CITY-ST-ZIP	FROSTPROOF FL	2.4 CITY-ST-ZIP	Frostproof, FL. 33843	
TITLE	D	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	HOWELL, DON	3.2 NAME	→ Same	
STREET ADDRESS	1000 CLINCH BLVD STE 62	3.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	BURKE, PHYLLIS.	4.2 NAME	→ Same	
STREET ADDRESS	1000 S. CLINCH LAKE BLVD., Lot 25	4.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Roger McNair, Director	☐ Change ☒ Addition
NAME	GIOEBEL, JOHN	5.2 NAME	1000 Clinch Blvd., Lot 41	
STREET ADDRESS	1000 S. CLINCH LAKE BLVD.	5.3 STREET ADDRESS	Frostproof, FL. 33843	
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Richard Peeler, Director	☐ Change ☒ Addition
NAME	MEIER, JOHN	6.2 NAME	1000 Clinch Blvd, Lot 44	
STREET ADDRESS	1000 S. CLINCH LAKE BLVD.	6.3 STREET ADDRESS	Frostproof, FL. 33843	
CITY-ST-ZIP	FROSTPROOF FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Jack Goebels 2-5-95 813-635-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #