

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38565 (0)**  
1. Corporation Name  
**CLINCH LAKE PARK RESIDENTS ASSOCIATION, INC.**



Principal Place of Business  
**1000 CLINCH BLVD  
LOT 52  
FROSTPROOF FL 33843  
US**

Mailing Address  
**1000 CLINCH BLVD.  
LOT 52  
FROSTPROOF FL 33843  
US**

3. Date Incorporated or Qualified  
**06/01/1990**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business  
21 **SAME AS ABOVE**

2a. Mailing Address  
26 **SAME AS ABOVE**

Suite, Apt. #, etc.  
22

City & State  
23

Zip  
24

Country **U.S.A.**  
25 **POLK**

4. FEI Number  
**59-3103618**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**GOEBELS, JACK  
1000 CLINCH BLVD  
LOT 52  
FROSTPROOF FL 33843**

## 10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 **JACK GOEBEL, PRESIDENT** *Jack Goebel* **2-1-96**

(NOTE: Registered Agent Signature Required when Renating)

## 12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS                 | CITY-ST-ZIP   | <input type="checkbox"/> DELETE     |
|-------|----------------|--------------------------------|---------------|-------------------------------------|
| P     | GOEBELS, JACK  | 1000 CLINCH BLVD., LOT 52      | FROSTPROOF FL | <input type="checkbox"/>            |
| VP    | PARRIS, ROBERT | 1000 CLINCH BLVD., LOT 43      | FROSTPROOF FL | <input type="checkbox"/>            |
| S     | HOWELL, DON    | 1000 CLINCH BLVD STE 62        | FROSTPROOF FL | <input type="checkbox"/>            |
| T     | BURKE, PHYLLIS | 1000 S CLINCH LAKE BLVD LOT 25 | FROSTPROOF FL | <input type="checkbox"/>            |
| D     | GOEBEL, JOHN   | 1000 S. CLINCH LAKE BLVD.      | FROSTPROOF FL | <input checked="" type="checkbox"/> |
| D     | MEIER, JOHN    | 1000 S. CLINCH LAKE BLVD.      | FROSTPROOF FL | <input checked="" type="checkbox"/> |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                   | STREET ADDRESS                 | CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------------------------|--------------------------------|-----------------------|-------------------------------------------------------------------|
| 1.1   | LAST NAME "GOEBEL"     |                                |                       | <input checked="" type="checkbox"/>                               |
| 2.1   |                        |                                |                       | <input type="checkbox"/>                                          |
| 3.1   |                        |                                |                       | <input type="checkbox"/>                                          |
| 4.1   |                        |                                |                       | <input type="checkbox"/>                                          |
| 5.1   | DIRECTOR RICHARD PEETS | 1000 S. CLINCH LAKE BLVD. # 46 | FROSTPROOF, FL. 33843 | <input checked="" type="checkbox"/>                               |
| 6.1   | DIRECTOR ROGER MCNAIR  | 1000 S. CLINCH LAKE BLVD. # 41 | FROSTPROOF, FL 33843  | <input checked="" type="checkbox"/>                               |

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)(k), 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: *Jack Goebel* **JACK GOEBEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-941-635-5216**

Daytime Phone #

CR2E037 (12/95)