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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1000 CLINCH BLVD LOT 52 FROSTPROOF FL 33843 US	1000 CLINCH BLVD. LOT 52 FROSTPROOF FL 33843-9140 US

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21: SAME AS ABOVE
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24:
Country 25: U.S.A.

2a. Mailing Address
26: SAME AS ABOVE
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29:
Country 30: U.S.A.

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

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 **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: Jack Goebel JACK GOEBEL, PRESIDENT 1-16-97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOEBEL, JACK		1.2 NAME		
STREET ADDRESS	1000 CLINCH BLVD., LOT 52		1.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	PARRIS, ROBERT		2.2 NAME	ROBERT DAUCH	
STREET ADDRESS	1000 CLINCH BLVD., LOT 43		2.3 STREET ADDRESS	1000 S. CLINCH LAKE BLVD. #8	
CITY-ST-ZIP	FROSTPROOF FL		2.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	HOWELL, DON		3.2 NAME	DONALD G. HOWELL	NAME CHANGE ONLY
STREET ADDRESS	1000 CLINCH BLVD STE 62		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	FROSTPROOF FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, PHYLLIS		4.2 NAME		
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	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	PEETS, RICHARD		5.2 NAME	ROBERT NICOLI	
STREET ADDRESS	1000 S CLINCH LAKE BLVD #46		5.3 STREET ADDRESS	1000 S. CLINCH LAKE BLVD. #4	
CITY-ST-ZIP	FROSTPROOF FL		5.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	☐ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	MCNAIA, ROGER		6.2 NAME	CHANGE LAST NAME TO "MCNAIR"	
STREET ADDRESS	1000 S CLINCH LAKE BLVD #41		6.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Jack Goebel JACK GOEBEL 1-16-97 1-941-635-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053691