2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90060 027 ****61.25

DOCUMENT # N38565

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

Principal Place of Business	Mailing Address
1000 S CLINCH BLVD LOT ~~34~~ 14 FROSTPROFF, FL 33843 US	1000 S CLINCH BLVD LOT ~~34~~ 14 FROSTPROFF, FL 33843 US

01132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3103618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE COLLING ATTORNEY
682 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARD, PEGGY 1000 CLINCH LAKE BLVD., LOT 9 FROSTPROOF, FL 33843	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT BARBARA COLE 1000 S. CLINCH LAKE BLVD. LOT 14 FROSTPROOF, FL 33843	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLE, BARBARA 1000 S. CLINCH LAKE BLVD. #14 FROSTPROOF, FL 33843	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P MIRIAM VANDERVELDE 1000 S. CLINCH LAKE BLVD LOT 23 FROSTPROOF, FL 33843	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONALD G. HOWELL 1000 CLINCH BLVD STE 62 FROSTPROOF, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SECRETARY JESSIE KENNARD 1000 S. CLINCH LAKE BLVD LOT 12 FROSTPROOF, FL 33843	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIFFEN, NANCY 1000 S CHINCH LAKE BLVD #52A FROSTPROOF, FL 33843	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREASURER NADARA HOLSINGER 1000 S. CLINCH LAKE BLVD. LOT 25 FROSTPROOF, FL 33843	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, NORVAL 1000 S. CLINCH LAKE BLVD., #53 FROSTPROOF, FL 33843	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTHA RHOADS 1000 S. CLINCH LAKE BLVD, LOT 11	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC VIOAR, JAMES 1000 S CLINCH LAKE BLVD. LOT 26 FROSTPROOF, FL 33843	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES MCVICAR 1000 S. CLINCH LAKE BLVD. LOT 26 FROSTPROOF, FL 33843	☑ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Cole BARBARA COLE PRESIDENT 1-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #