2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90367 047 ****61.25

DOCUMENT # N38565

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

Principal Place of Business	Mailing Address
1000 CLINCH BLVD LOT 52 FROSTPROFF FL 33843 US LOT 54A	1000 SOUTH CLINCH LAKE BOULEVARD ~~LOT 52~~ LOT 52A FROSTPROOF FL 33843 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
CLINCH LAKE MOBILE HOM PK	1000 S. CLINCH LAKE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. LOT 54A
City & State FROSTPROOF	City & State FLORIDA
Zip 33843 Country POLK	Zip 33843 Country USA

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	7. Name and Address of New Registered Agent
JAY LEE COLLING ATTORNEY 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	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 Jay Colling
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	☐ 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	☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOWELL, DONALD G 1000 S. CLINCH LAKE BLVD. #62 FROSTPROOF FL 33843	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition NANCY GRIFFEN 1000 S. CLINCH LAKE BLVD. #52A FROSTPROOF, FL 33843
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	☐ 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	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Nancy O. Griffen Nancy O. Griffen VP 1-21-03 863-635-4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #