NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000004103

CLERMONT GARDEN CLUB, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90054 008 ****61.25

Principal Flace	e of Business	Mailing Address				
849 WEST AVE	ENUE	POST OFFICE BOX 1213	22			:
CLERMONT FL	. ;3471-2	CLERMONT FL 34712	LERMONT FL 34712			
						4 EEFFICO OLD STATE STAT
2 Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed
21	ideo or Business	26				08/06/1996
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number Applied For
22		27				NOT APPLICABLE No: Applicable
City & Stat	e	City & State				5. Certificate of Status Desired \$8.75 Additional
23		28				5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing \$5.00 May Be
24	25	29	30			Trust Fund Contribution Added to Fees
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
KOTCH, B	SETTY			82	Street A	A Idress (P.O. Bo (Number is Not Acceptable)
11634 NELLIE OAKS BEND				83		
	IT FL 34711-7800					
CLL :	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City	85 Zip Code
					•	FL '
11. Pursuant to the provisions of Sections 617.050? and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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						
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was a ions of Section 617,0503. Flu	authorized orida Stati	i by t utes.	the corpor	oration's board of directors. I netery accept the appointment as registered
-	in ignilization, and assept the assign					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E. Registered	Agent	signature rec	req ured when reinstating) DATE
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	⊠ DELETE	1.1 TIT	LΕ	1	TRESIDENT Change Addition
NAME	CONLEY, MARTHA		1.2 N	ME	13	BECKY BOWERS 12518 EL VIENTO
STREET ADDRESS	l		1.3 \$1	REET	ADDRESS	12518 EL VIENTO
CITY-ST-ZIP	GROVELAND FL		1.4 CF	TY-ST	·zip (CLERMONT, FL 34711 - 9339 VICE PRESIDENT Change Addition
TITLE	VD	⊠ DELETE	2.1 11	rLE.	1	VICE PRESIDENT Change Addition
NAME	BOWERS, BECKY		22 NA	ME	- 1	MARIE MACKEY
STREET ADORESS			23.ST	REET.	ADDRESS	MARIE MACKEY 8728 STATE RD. 33
	CLERMONT FL 34711-9339		2. 4 C		T. 7IP	GARLES AND EL 34734 - 8939
CITY-ST-ZIP	TD	☐ DELETE	3.1 TI		<u></u>	E ROY = 1 AND FL 3473 6 - 89.3 9
NAME		_	3.2 NA			
STREET ADDRESS	KOTCH, BETTY 11634 NELLIE OAKS BEND				ADDRESS	
	\		3.4. C			
CITY-ST-ZIP	CLERMONT FL	■ DELETE	4.4.70			SECRETA: C4 Change Addition
	S DISSE LIFE THE	pag vecele	4 2 1	 AMF		JOY ALLBRIGHT 169 LAKESHORE DR.
NAME	RIBBE, HELEN		4. Z N	CHIC	*DDDCCC C	GL9 LAKESHORE DR.
STREET ADDRESS			4.3 S1	rkeel	ADUKESS	CLERMONT, FL. 34711 - 293; □ Change □ Addition
CITY-ST-ZIP	CLERMONT FL	☐ DELETE	4.4 CI		-ZIP C	CLERMONF, FL. 39111 - 2931
TITLE			5.1 TI		-	Change Addition
NAME			52 NA		ADDDESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-ST	-ZIP	
TITLE		☐ DELETE	6.1 TIT	ILE	l	Change Addition
					1	1

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(352) 242-9304