2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004103

Entity Name: CLERMONT GARDEN CLUB, INC.

FILED Apr 29, 2008 Secretary of State

849 WEST AVENUE 849 WEST AVENUE CLERMONT, FL ;34712 CLERMONT, FL 34712

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 121322 CLERMONT, FL 34712

FEI Number: 59-3457113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKINLEY, KATHY 12135 TOPAZ STREET US CLERMONT, FL 34711

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DROEGE, JOYCE HANKS, ARLENE Name: Name: 1370 W LAKESHORE DR Address: 240 DIVISION STREET Address:

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition

VANDERBERG, OWAISSA Name: Name: Address: 190 CRYSTAL LAKE DRIVE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip:

Title: () Delete Title: 2VPD (X) Change () Addition NEECE, JOYCE PETERSON, BETTY Name: Name:

916 W. LAKESHORE DRIVE Address: 10516 LAKE HILL DR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: CSD () Delete Title: RSD (X) Change () Addition

Name: MARSHALL, HAZEL Name: JORDAN, SHIRLEY 1604 OAK HOLLOW RD. Address: 1611 DREW AVE Address: City-St-Zip: CLERMONT, FL 347112938 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: CSD (X) Change () Addition

MCKINLEY, KATHY Name: Name: SINCERE, HELEN 12135 TOPAZ STREET 1260 W. LAKESHORE DR. Address: Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: CLERMONT, FL 34711 US

Title: () Delete Title: () Change (X) Addition

MCKINLEY, KATHY Name: Name: Address: Address: 12135 TOPAZ STREET CLERMONT, FL 34711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY MCKINLEY TD 04/29/2008