

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004103

FILED
Apr 23, 2010
Secretary of State

Entity Name: CLERMONT GARDEN CLUB, INC.

Current Principal Place of Business:

849 WEST AVENUE
CLERMONT, FL 34712

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 121322
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-3457113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, LINDA
691 LEXINGTON DR.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: 1VPD
Name: VANDEVOORDE, PATRICIA
Address: 3555 CHAPEL HILL BLVD
City-St-Zip: CLERMONT, FL 34711

Title: 2VPD
Name: WEBB, RUTH
Address: 12012 ELBERT STREET
City-St-Zip: CLERMONT, FL 34711

Title: RSD
Name: WILLIAMS, BARBARA
Address: 8847 VILLAGE GREEN BLVD
City-St-Zip: CLERMONT, FL 34711

Title: CSD
Name: WASSMANN, DOT
Address: P.O. BOX 121367
City-St-Zip: CLERMONT, FL 34712 US

Title: TD
Name: WRIGHT, LINDA
Address: 691 LEXINGTON DR.
City-St-Zip: ORLANDO, FL 35835

I hereby 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 all other like empowered.

SIGNATURE: LINDA WRIGHT

TD

04/23/2010

Electronic Signature of Signing Officer or Director

Date