

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90219 020 ****61.25

DOCUMENT # N96000004103



1. Entity Name
CLERMONT GARDEN CLUB, INC.

Principal Place of Business

**849 WEST AVENUE
CLERMONT FL 3471-2**

Mailing Address

**POST OFFICE BOX 121322
CLERMONT FL 34712**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, HAZEL
1611 DREW AVE
CLERMONT FL 34711-7800**

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

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 | D WARE, LOIS 11400 CYPRESS DR CLERMONT FL 34711-9339 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACKEY, MARIE 3728 STATE RD. 33 GROVELAND FL 34736-8929 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CSD KOTCH, BETTY 11634 NELLIE OAKS BEND CLERMONT FL 34711 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HOLMAN, CATHY 12817 BROWN BARK TRAIL CLERMONT FL 34711 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ARMAN, MARY 2138 HELMSLEY CIR. CLERMONT FL 34711 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARSHALL, HAZEL 1611 DREW AVE CLERMONT FL 34711 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT D BOWERS, BECKY 12518 EL VIENTO RD. CLERMONT, FL 34711-9339 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1ST. VICE PRESIDENT D CONLEY, MARTHA 11150 ELDER BERRY CT. CLERMONT, FL 34711-9523 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd VICE PRESIDENT D GLORIA D. ROSLIND 8130 HELMSLEY CIR. 40 CLERMONT, FL 34711 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY, D GRIFFIN, DONNA 10900 CRESCENT LANE CLERMONT, FL 34711-9182 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CORRESPONDING SECRETARY D SINCERE, HELEN 1260 W. LAKESHORE DRIVE CLERMONT, FL 34711-2938 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Hazel Marshall* **HAZEL MARSHALL 4/09/03 352-394-2124**

CR2E037 (10/02)