

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90016 022 \*\*\*\*70.00

<b>DOCUMENT # N96000004103</b>					
<b>1. Entity Name</b> CLERMONT GARDEN CLUB, INC.					
<b>Principal Place of Business</b> 849 WEST AVENUE CLERMONT, FL 3471-2			<b>Mailing Address</b> POST OFFICE BOX 121322 CLERMONT, FL 34712		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MARSHALL, HAZEL 1611 DREW AVE CLERMONT, FL 34711-7800			Name <u>LINDA WENTWORTH</u> Street Address (P.O. Box Number is Not Acceptable) <u>15701 WILLO PINES LN</u> City <u>MONTVERDE</u> FL <u>34756-3500</u>		
<b>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.</b>					
SIGNATURE <u>LINDA WENTWORTH - TD</u> <u>Linda Wentworth</u> <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, BECKY		NAME	JOYCE DROEGE	
STREET ADDRESS	12518 EL VIENTO RD		STREET ADDRESS	1370 W. LAKESHORE DR.	
CITY-ST-ZIP	CLERMONT, FL 347119339		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, MARTHA		NAME	ELAINE HOGAN	
STREET ADDRESS	11150 ELDER BERRY CT.		STREET ADDRESS	887 WOLF CREEK	
CITY-ST-ZIP	CLERMONT, FL 347119523		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDERBERG, OWAISSA		NAME		
STREET ADDRESS	190 CRYSTAL LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, NANCY		NAME	JOYCE NEECE	
STREET ADDRESS	11447 LAKE KATHERINE CIRCLE		STREET ADDRESS	10516 LAKE HILL DR.	
CITY-ST-ZIP	CLERMONT, FL 347119182		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	CSD	<input checked="" type="checkbox"/> Delete	TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCERE, HELEN		NAME	HAZEL MARSHALL	
STREET ADDRESS	1260 W. LAKESHORE DRIVE		STREET ADDRESS	1611 DREW AVE.	
CITY-ST-ZIP	CLERMONT, FL 347112938		CITY-ST-ZIP	CLERMONT, FL 34711-2938	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, HAZEL		NAME	LINDA WENTWORTH	
STREET ADDRESS	1611 DREW AVE		STREET ADDRESS	15701 WILLO PINES LN	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	MONTVERDE, FL 34756-3500	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Linda Wentworth</u>			<u>2/27/06</u> <u>402497-1208</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		