

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003814

Entity Name: CLAY COUNTY CRUZERS, INC.

Current Principal Place of Business:

437 PERDIDO DRIVE
FLEMING ISLAND, FL 32003

Current Mailing Address:

437 PERDIDO DRIVE
FLEMING ISLAND, FL 32003 US

FEI Number: 26-2273333

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOURIHANE, MICHAEL
437 PERDIDO DRIVE
FLEMING ISLAND, FL 32003 US

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: MICHAEL HOURIHANE

02/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOURIHANE, MICHAEL
Address 437 PERDIDO DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title 1ST, VP
Name WHITE, JIM
Address 2609 RIDGECREST AVE
City-State-Zip: ORANGE PARK FL 32065

Title 2ND, VP
Name PIERRO, CHARLIE
Address 794 ASHWOOD ST
City-State-Zip: ORANGE PARK FL 32065

Title SECRETARY
Name HOURIHANE, TERI
Address 437 PERDIDO DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title TREASURER
Name HORNER, PATTY
Address 3010 PONY LANE
City-State-Zip: MIDDLEBURG FL 32068

Title MEMBER AT LARGE
Name SCHAFFER , RICK
Address 2390 DUNDEE CT E
City-State-Zip: ORANGE PARK FL 32065

Title SEARGENT-AT-ARMS
Name DRUMB, SCOTT
Address 3780 CARDINAL OAKS CIRCLE
City-State-Zip: ORANGE PARK FL 32065

Title EVENTS COORDINATOR
Name PUDOFF, TONY
Address 1766 WATERBURY LANE
City-State-Zip: FLEMING ISLAND FL 32003

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: PATTY HORNER

TREASURER

02/25/2024

Electronic Signature of Signing Officer/Director Detail

Date