

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770570**

(0)

1. Corporation Name

HENRY CLAY TOWNHOUSES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

**1207 7TH ST
CLERMONT FL 34711
US**

Mailing Address

**1208 7TH ST
CLERMONT FL 34711
US**

3. Date Incorporated or Qualified
10/04/1983

3a. Date of Last Report
08/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **1208 7th Street**

26

4. FEI Number

59-3062469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Clermont, FL**

28

24 Zip **34711**

25 Country **Lake**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COPPENS, MADGE
1208 7TH STREET
CLERMONT FL 34711**

81 Name **Grace Jaramillo**

82 Street Address (P.O. Box Number is Not Acceptable)
1208 7th Street

83 **Clermont**

84 City **Clermont**

FL

85 Zip Code **34711**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Grace Jaramillo
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JARAMILLO, GRACE	
STREET ADDRESS	1200 7TH ST	
CITY-ST-ZIP	CLERMONT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEAVER, OAKLEY	
STREET ADDRESS	1210-7TH STREET	
CITY-ST-ZIP	CLERMONT FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BEEBE, ELAINE B	
STREET ADDRESS	1208 7TH ST	
CITY-ST-ZIP	CLERMONT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beebe, Elaine	
1.3 STREET ADDRESS	1200 7th Street	
1.4 CITY-ST-ZIP	Clermont, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Seaver, Oakley	
2.3 STREET ADDRESS	1210 7th Street	
2.4 CITY-ST-ZIP	Clermont, FL	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jaramillo, Grace	
3.3 STREET ADDRESS	1208 7th Street	
3.4 CITY-ST-ZIP	Clermont, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Grace Jaramillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)