

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770570 (0)
1. Corporation Name
HENRY CLAY TOWNHOUSES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
**1208 7TH STREET
CLERMONT FL 34711
US**

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

3. Date Incorporated or Qualified
10/04/1983

4. FEI Number
58-3062469

Applied For
☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1202 7th ST	26 1202 7th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Clermont	27 Clermont
City & State	City & State
23 FLA	28 FL
Zip	Zip
24 34711	29 34711
Country	Country
25 USA	30 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JARAMILLO, GRACE
1208 7TH STREET
CLERMONT FL 34711**

81 Name **Louetta Pletka**

82 Street Address (P.O. Box Number is Not Acceptable)
1202 7th ST

83

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 *Louetta Pletka* **Louetta Pletka** **6/24/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE, ELAINE	1.2 NAME	
STREET ADDRESS	1200 7TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAYER, OAKLEY	2.2 NAME	
STREET ADDRESS	1210 7TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARAMILLO, GRACE	3.2 NAME	Louetta Pletka
STREET ADDRESS	1208 7TH ST	3.3 STREET ADDRESS	1202 7th ST
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	Clermont FL 34711
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 *Louetta Pletka* **Louetta Pletka** **6/24/98** **(352) 241-4116**

CR2E037 (10/97)