2001 UNIFORM BUSINESS REPORT (UBR)

05-28-2002 91537 026 ****61.25
770570

FILED
02 JUL 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770570

1. Entity Name

HENRY CLAY TOWNHOUSES HOMEOWNERS ASSOCIATION,INC

Principal Place of Business	Mailing Address
1202 7TH,ST CLERMONT FL 34711 US	1202 7TH ST CLERMONT FL 34711 US

DO NOT WRITE IN THIS SPACE REINSTATEMENT 01-02

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 59-3062469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLETKA, LOUETTA 1202 7TH ST CLERMONT FL 34711	Name Elaine B Beebe Street Address (P.O. Box Number is Not Acceptable) E.B. BEEBE P.O. Box 120163 (431 N Minnehaha Ave) City Clermont, FL 34712-0163 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the state of Florida.

SIGNATURE Elaine B Beebe Exc. E.B. BEEBE P.O. Box 120163 Clermont, FL 34712-0163 01/24/03 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEEBE, ELAINE 1200 7TH STREET CLERMONT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	* address change mailing address PO Box 120163 Clermont FL 34712-0163 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEAVER, OAKLEY 1210-7TH STREET CLERMONT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PLETKA, LOUETTA 1202 7TH ST CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400006845694--2 -08/01/02--01013--025 ****245.00 ****245.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Jaramillo, Gracy 431 N Minnehaha Ave Clermont FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Elaine B Beebe 7/20/02 352 394 4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #