

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003924

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** CLYDE MORRIS COMMUNITY PROPERTY, INC.

**Current Principal Place of Business:**

300 CLYDE MORRIS BLVD, SUITE C  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

300 CLYDE MORRIS BLVD, SUITE C  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 02-0583505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORROW, BERT  
300 CLYDE MORRIS BLVD, SUITE C  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DHAND, ARUN K  
**Address:** 300 CLYDE MORRIS BLVD, SUITE C  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** RINER, MARK A  
**Address:** 300 CLYDE MORRIS BLVD, SUITE C  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** MORROW, BERT M  
**Address:** 300 CLYDE MORRIS BLVD, SUITE C  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** PARR, GREGORY A  
**Address:** 300 CLYDE MORRIS BLVD, SUITE C  
**City-St-Zip:** ORMOND BEACH, FL 32174

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:** MICHAEL MATTHIES

ADM

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date