

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007272

FILED
Feb 04, 2005
Secretary of State

Entity Name: CLERMONT DOWNTOWN PARTNERSHIP, INC.

Current Principal Place of Business:

931 W MONTROSE STREET
CLERMONT, FL 34711

New Principal Place of Business:

790 W. MINNEOLA AVE.
CLERMONT, FL 34711

Current Mailing Address:

P.O BOX 120734
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-3749760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANZHAF, WILLIAM M
931 W MONTROSE STREET
CLERMONT, FL 34711 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: P () Delete
Name: BANZHAF, WILLIAM
Address: 931 W MONTROSE ST
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: ANGLIN, DOROTHY
Address: 658 WEST AVE
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: OLENSKI, LYN
Address: 824 W MONTROSE STREET
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: BADGER, CHERYL
Address: 664 W MONTROSE ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MULLINS, KEITH
Address: 692D W. MONTROSE STREET
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. BANZHAF

P

02/04/2005

Electronic Signature of Signing Officer or Director

Date