

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007272

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** CLERMONT DOWNTOWN PARTNERSHIP, INC.

**Current Principal Place of Business:**

692 W. MONTROSE ST.  
SUITE D  
CLERMONT, FL 34711

**New Principal Place of Business:**

**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: SHIRA, JAMES  
Address: 827 W MONTROSE ST  
City-St-Zip: CLERMONT, FL 34711

Title: V (X) Delete  
Name: BOB, BOWMAN  
Address: P O BOX 120772  
City-St-Zip: CLERMONT, FL 31712

Title: T ( ) Delete  
Name: MULLINS, KEITH E  
Address: 692D W MONTROSE STREET  
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete  
Name: PFEIFFER, MARY JO  
Address: 673 W MONTROSE ST  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 exemption stated in Chapter 119, 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: KEITH E MULLINS

T

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date