2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000525

ROSCH, RICH

215 NAUTICA MILE DR

CLERMONT, FL 34711

Name:

Address:

City-St-Zip:

FILED Mar 25, 2008 Secretary of State

Entity Name: CLERMONT YACHT CLUB HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR. 434, SUITE 5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR. 434, SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 02-0540706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR HART, JAMES W JR 2180 W SR 434 STE 5000 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779504 US LONGWOOD, FL 32779504 US 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: JAMES W HART JR 03/25/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KNICKMAN, ED Name: Name: 204 NAUTICA MILE DR Address: Address: CLERMONT, FL 34711 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BRAUN, DOUG Name: Name: Address: 220 NAUTICA MILE DR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: (X) Change () Addition KILFOYLE, LYNN LYNCH, PAULETTE Name: Name: 184 NAUTICA MILE DR 152 NAUTICA MILE DR Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: TD () Delete Title: TD (X) Change () Addition Name: TRAVIS, DIANE Name: RAKOWSKY, SHIRLEY 176 NAUTICA MILE DR 172 NAUTICA MILE DR Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

SZELUGA, KURT

152 RIGGINGS WAY

CLERMONT, FL 34711

SIGNATURE: ED KNICKMAN PD 03/25/2008