

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000525

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 02-0540706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779504 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: PD () Delete
Name: KNICKMAN, ED
Address: 204 NAUTICA MILE DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: BRAUN, DOUG
Address: 220 NAUTICA MILE DR
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: LYNCH, PAULETTE
Address: 152 NAUTICA MILE DR
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: RAKOWSKY, SHIRLEY
Address: 172 NAUTICA MILE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SZELUGA, KURT
Address: 152 RIGGINGS WAY
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:

Title: D (X) Change () Addition
Name: QUAYLE, RALPH III
Address: 212 NAUTICA MILE DR
City-St-Zip: CLERMONT, FL 34711

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: ED KNICKMAN

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date