

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002344

FILED
Apr 28, 2006
Secretary of State

Entity Name: CLERMONT CROSSINGS ASSOCIATION, INC.

Current Principal Place of Business:

5728 MAJOR BLVD STE 174
ORLANDO, FL 32819

New Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

5728 MAJOR BLVD STE 174
ORLANDO, FL 32819

New Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 20-4729879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAB, MOHAMED
5728 MAJOR BLVD STE 174
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: DIAB, MOHAMED
Address: 5728 MAJOR BLVD STE 174
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUTHERIN, BART
Address: 360 MOHAWK RD
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Change (X) Addition
Name: PELSKI, BRIAN
Address: 310 WEST CENTRAL PARKWAY STE 7000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Change (X) Addition
Name: ASHKA, STEVE
Address: 6271 MW 126 PLACE
City-St-Zip: CHIEFLAND, FL 34626

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: BART SUTHERIN

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date