

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002344

FILED  
Mar 25, 2008  
Secretary of State

**Entity Name:** CLERMONT CROSSINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 20-4729879

**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 W SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: SUTHERIN, BART  
Address: 360 MOHAWK RD  
City-St-Zip: CLERMONT, FL 34711

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

Title: STD ( ) Delete  
Name: PRESTON, CAROLYN  
Address: 16345 SR 50  
City-St-Zip: CLERMONT, FL 34711

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

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

Title: VPD (X) Change ( ) Addition  
Name: BROWN, RUSSELL  
Address: 2200 LUCIEN WAY STE 410  
City-St-Zip: MAITLAND, FL 32751

Title: STD (X) Change ( ) Addition  
Name: TUESCA, CESAR  
Address: 4645 BARBADOS LOOP  
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: BART SUTHERIN

PD

03/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date