

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90011 001 \*\*\*\*61.25

<b>DOCUMENT # N05000002328</b>	
1. Entity Name CLAY BRANCH BUSINESS PARK ASSOCIATION, INC.	
Principal Place of Business 3616 MAGNOLIA PT BLVD GREEN COVE SPRINGS, FL 32043	Mailing Address 3616 MAGNOLIA PT BLVD - 411 walnut Street GREEN COVE SPRINGS, FL 32043



40000441



03032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3867429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROYAL, BERT V 3616 MAGNOLIA PT BLVD GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. Moody Douglas Moody DATE 3/1/08  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, BERT V 3616 MAGNOLIA PT BLVD GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, DOUGLAS 3616 MAGNOLIA PT BLVD GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Moody Douglas Moody Treas. Date 3/1/08 Daytime Phone # 904-284-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR