

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007628

FILED
Apr 10, 2008
Secretary of State

Entity Name: RETREAT OF CLAY COUNTY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2809 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068 US

Current Mailing Address:

2809 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068 US

FEI Number: 20-3222428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENHART, NECDET
2809 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

DELCOMYN, VINA
4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068 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: VINA DELCOMYN

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SENHART, NECDET
Address: 2809 OCEAN DRIVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP () Delete
Name: EDGINGTON, WILLIAM L
Address: P.O. BOX 1153
City-St-Zip: ORANGE PARK, FL 32067 US

Title: T () Delete
Name: EDGINGTON, CHRIS
Address: P.O. BOX 1153
City-St-Zip: ORANGE PARK, FL 32067 US

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:

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: NECDET SENHART

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date