

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007628

FILED  
Feb 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4213 COUNTY ROAD 218  
1  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

4213 COUNTY ROAD 218  
1  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

**FEI Number:** 20-3222428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

AWAKENINGS ASSOCIATION MANAGEMENT, INC  
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

02/12/2009

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

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date