

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007628

FILED
Feb 23, 2012
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:

AWAKENINGS ASSOCIATION MANAGEMENT, INC
4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068 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: P
Name: SENHART, NECDET
Address: 4213 COUNTY ROAD 218 SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP1D
Name: CRAIG, MICHAEL
Address: 4213 COUNTY ROAD 218 SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: TD
Name: WILLIAMS, MARION
Address: 4213 COUNTY RD 218, SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP2D
Name: MCABEE, JEANY
Address: 4213 COUNTY ROAD 218 SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD
Name: SHANE, JOSEPH
Address: 4213 COUNTY ROAD 218, SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: NECDET SENHART

PRES

02/23/2012

Electronic Signature of Signing Officer or Director

Date