

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002808

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** CLO ALUMNI FOUNDATION, INC.

**Current Principal Place of Business:**

4321 DEWEY DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4321 DEWEY DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 20-4467221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRUEGER, SCOTT DAVID  
2750 NORTHWEST 43RD STREET  
SUITE 201  
GAINESVILLE, FL 32606 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:** D  
**Name:** ASSINI, VINCENT  
**Address:** 4321 DEWEY DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** D  
**Name:** JOHNSON, ROGER  
**Address:** 930 TURNER MIUNTAIN ROAD  
**City-St-Zip:** CHARLOTTESVILLE, VA 22903

**Title:** D  
**Name:** RUFF, ERIC  
**Address:** 4010 NEWBERRY ROAD, SUITE G  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** D  
**Name:** WALDRON, JOSEPH  
**Address:** 611 N.W. 60TH ST., STE. A  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** D  
**Name:** TIMMONS, BRIAN  
**Address:** 111 COQUINA DR  
**City-St-Zip:** COCOA, FL 32922

**Title:** D  
**Name:** DANIELS, JOANNA  
**Address:** 2750 OLD SAINT AUGUSTINE ROAD  
**City-St-Zip:** TALLAHASSEE,, FL 32301

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:** VINCENT ASSINI

MR

02/11/2012

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

\_\_\_\_\_  
Date