


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 039 ****61.25

DOCUMENT # N06000004240	
1. Entity Name CLAYTON CROSSING TOWNHOME OWNERS' ASSOCIATION, INC.	

Principal Place of Business 151 SOUTHHALL LANE SUITE 200 MAITLAND, FL 32751	Mailing Address 151 SOUTHHALL LANE SUITE 200 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box # c/o World of Homes Suite, Apt. #, etc. 2884 S. Osceola Ave City & State Orlando, FL Zip 32806 Country USA	3. Mailing Address c/o World of Homes Suite, Apt. #, etc. 2884 S. Osceola Ave City & State Orlando, FL Zip 32806 Country USA
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01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4746992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAHAM, JESSE E SR
369 N NEW YORK AVE 3RD FLOOR
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name **Ferdinandsen Enterprises, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
2884 S. Osceola Ave
City **Orlando** FL Zip Code **32806**

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  **Vicki Diaz** #5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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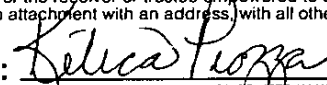
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHVEDOV, LYNN S 151 SOUTHHALL LANE SUITE 200 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITE, JONATHAN 151 SOUTHHALL LANE SUITE 200 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WRIGHT, MATTHEW 151 SOUTHHALL LANE SUITE 200 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Dan Divjak 151 South Hall Lane Ste 200 MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KETICA PIAZZA 151 South Hall Lane Ste 200 MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Matthew Wixted 151 South Hall Lane Ste. 200 MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **KETICA PIAZZA** 4-14-08 407-599-0313 EXT 353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #