

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012141

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** THE MOORINGS OF CLERMONT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1819 MAIN ST., SUITE 400  
SARASOTA, FL 34236

**New Principal Place of Business:**

C/O 2300 SW COLLEGE ROAD  
OCALA, FL 34471

**Current Mailing Address:**

1819 MAIN ST., SUITE 400  
SARASOTA, FL 34236

**New Mailing Address:**

C/O 2300 SW COLLEGE ROAD  
OCALA, FL 34471

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

OLIVER, JOHN D. ESQ.  
1819 MAIN ST., SUITE 400  
SARASOTA, FL 34236    US

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

MORGAN MASON, LLC  
2300 SW COLLEGE ROAD  
OCALA, FL 34471    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: JOHN OLIVIER, MEMBER

04/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS                      ( ) Delete  
Name: OLIVIER, JOHN  
Address: 1819 MAIN ST., SUITE 400  
City-St-Zip: SARASOTA, FL 34236

Title: TD                      ( ) Delete  
Name: LOWTHER, JUDITH  
Address: 1819 MAIN ST., SUITE 400  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS                      (X) Change ( ) Addition  
Name: OLIVIER, JOHN  
Address: 1266 FIRST STREET, SUITE 8  
City-St-Zip: SARASOTA, FL 34236

Title: TD                      (X) Change ( ) Addition  
Name: LOWTHER, JUDITH  
Address: 2300 SW COLLEGE ROAD  
City-St-Zip: OCALA, FL 34471

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: JOHN OLIVIER

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date