

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 2009
Secretary of State

DOCUMENT# N07000012141

Entity Name: THE MOORINGS OF CLERMONT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O 2300 SW COLLEGE ROAD
OCALA, FL 34471**New Principal Place of Business:**6329 STATE ROAD 54
NEW PORT RICHEY, FL 34653**Current Mailing Address:**C/O 2300 SW COLLEGE ROAD
OCALA, FL 34471**New Mailing Address:**6329 STATE ROAD 54
NEW PORT RICHEY, FL 34653**FEI Number:** 26-2280913**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BACHRODT, CRAIG
2300 SW COLLEGE ROAD
OCALA, FL 34471 US**Name and Address of New Registered Agent:**SIDHU, RATINDER
6329 STATE ROAD 54
NEW PORT RICHEY, FL 34565 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: RATINDER SIDHU

06/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGM () Delete
Name: CRAIG BACHRODT, LLC
Address: 2300 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34471

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DHALI WAL, GUNWANT S
Address: 6329 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD (X) Change () Addition
Name: DHALI WAL, TEJINDER
Address: 6329 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: STD () Change (X) Addition
Name: SIDHUR, RATINDER
Address: 6329 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

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: GUNWANT S. DHALI WAL

PD

06/19/2009

Electronic Signature of Signing Officer or Director

Date