

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90038 027 ****70.00

DOCUMENT # N12199

1. Entity Name

CLAY HILL AREA OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1472
MIDDLEBURG FL 32050-1472
US

Mailing Address

P.O. BOX 1472
MIDDLEBURG FL 32050-1472
US

22004444



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2884302**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINONEZ, SUZANNE C
2747 BLNADING BLVD
SUITE 104/102
MIDDLEBURG FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MCNAMARA, JOHN**
STREET ADDRESS **2074 CRESTVIEW COURT**
CITY-ST-ZIP **MIDDLEBURG L 32068**

TITLE **PD** ☒ Change ☐ Addition
NAME **Rouse Matthew**
STREET ADDRESS **1998 Crestview Ct.**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **PD** ☒ Delete
NAME **CASTO, STUART J**
STREET ADDRESS **1507 BLUEJAY DRIVE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☒ Change ☐ Addition
NAME **Jones, Joanne**
STREET ADDRESS **2066 Crestview Ct.**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **VD** ☐ Delete
NAME **JONES, JOANNE**
STREET ADDRESS **2066 CRESTVIEW COURT**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **S/TO** ☒ Change ☒ Addition
NAME **Mary A. Harris**
STREET ADDRESS **1920 Crestview Ct**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **TSO** ☒ Delete
NAME **FIELDS, LAURA**
STREET ADDRESS **2045 CRESTVIEW COURT**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VD** ☒ Change ☐ Addition
NAME **McNamara, John**
STREET ADDRESS **2074 Crestview Ct.**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **D** ☐ Delete
NAME **ROUSE, MATTHEW**
STREET ADDRESS **1998 CRESTVIEW COURT**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **PD** ☐ Change ☒ Addition
NAME **Roscoe Mike**
STREET ADDRESS **1477 Bluejay Dr.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Matthew Rouse**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 282-3487

CR2E037 (10/02)