

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22573** (2)

1. Corporation Name

CLAYLAND OAKS OWNERS ASSOCIATION, INC.

Principal Place of Business

% RANDALL EVANS
19,536 COUNTY ROAD 455
CLERMONT FL 34711

Mailing Address

% RANDALL EVANS
19,536 COUNTY ROAD 455
CLERMONT FL 34711



3. Date Incorporated or Qualified
09/18/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Veronica L. Capellini**

26 **Veronica L. Capellini**

Suite, Apt. #, etc.
22 **18526 116Th. Place**

Suite, Apt. #, etc.
27 **18526 116Th. Place**

City & State
23 **Live Oak, Florida**

City & State
28 **Live Oak, Florida**

Zip
24 **32060**

Country
25 **Suwannee**

Zip
29 **32060**

Country
30 **Suwannee**

4. FEI Number
59-2896819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, RANDALL
19,536 COUNTY ROAD 455
CLERMONT FL 34711**

81 Name

Capellini, Veronica L.

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

18526 116Th. Place RR6 Box 71-11

83

84 City
Live Oak

FL

85 Zip Code
32060

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Veronica L. Capellini **Veronica L. Capellini Secretary/Treasurer** **Jan. 22, 1996**

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **DAVIS, DENNIS L**
STREET ADDRESS **5349 PINE TERRACE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **PD** ☒ DELETE

NAME **HELBLING, RICHARD E**
STREET ADDRESS **8050 NW 15TH MANOR**
CITY-ST-ZIP **PLANTATION FL**

TITLE **STD** ☒ DELETE

NAME **EVANS, RANDALL**
STREET ADDRESS **19,536 COUNTY ROAD 455**
CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Veronica L. Capellini* **Veronica L. Capellini Secretary/Treasurer** **Jan. 22, 1996**

CR2E037 (12/95)