

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90051 015 ****61.25

DOCUMENT # N22573

1. Entity Name

CLAYLAND OAKS OWNERS ASSOCIATION, INC.



Principal Place of Business

C/O AGUSTIN BRUNO
18354 114 PLACE
LIVE OAK FL 32060
US

Mailing Address

C/O AGUSTIN BRUNO
18354 114 PLACE
LIVE OAK FL 32060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2896819

Applied For

Not Applicable

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

BRUNO, AGUSTIN
18354 114 PLACE
LIVE OAK FL 32060

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
Due By May 1, 2005

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 PD
NAME BUCKMAN, C.L. ☒ Delete
STREET ADDRESS 18545 116TH PLACE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE MR. JEFF BRADFORD ☒ Change ☐ Addition
NAME
STREET ADDRESS 18393 116 PLACE
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE VPD
NAME KINGSTON, RONALD ☒ Delete
STREET ADDRESS 18303 114 PLACE
CITY-ST-ZIP LIVE OAK FL 33060

TITLE MR. KIPPY DOBBELS ☒ Change ☐ Addition
NAME
STREET ADDRESS 5470 TORONTO ROAD
CITY-ST-ZIP WEST PALM BCH, FL 33415

TITLE STD
NAME BRUNO, AGUSTIN ☐ Delete
STREET ADDRESS 18354 114 PLACE
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 954 962 9216

Date

Daytime Phone #