


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22573</b> 1. Entity Name <b>CLAYLAND OAKS OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O AGUSTIN BRUNO 18354 114 PLACE LIVE OAK, FL 32060 US</b>	Mailing Address <b>C/O AGUSTIN BRUNO 18354 114 PLACE LIVE OAK, FL 32060 US</b>
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01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2896819</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BRUNO, AGUSTIN 18354 114 PLACE LIVE OAK, FL 32060</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD BRADFORD, JEFF 18393 116 PLACE LIVE OAK, FL 32060</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VPD DOBBELS, KIPPY 5470 TORONTO ROAD WEST PALM BEACH, FL 33415</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>STD BRUNO, AGUSTIN 18354 114 PLACE LIVE OAK, FL 32060</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

000000410150  
02/09/06-80022-020 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Agustin Bruno Jan 386-776 2846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #