

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 008 ****61.25

DOCUMENT # N22573

1. Entity Name

CLAYLAND OAKS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

910 Edith Mickey
Suite, Apt. #, etc.
11480 183rd Place
City & State
LIVE OAK, FL

910 Edith Mickey
Suite, Apt. #, etc.
11480 183rd Place
City & State
LIVE OAK, FL

1st MOORE

CR2E037 (10/06)

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

BRUNO, AGUSTIN
18354 114 PLACE
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name *Edith Mickey*
Street Address (P.O. Box Number is Not Acceptable)
11480 183rd PLACE
City *LIVE OAK* FL Zip Code *32060*

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

Edith Mickey *Edith Mickey*

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

4/18/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADFORD, JEFF	
STREET ADDRESS	18393 116 PLACE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOBBELS, KIPPY	
STREET ADDRESS	5470 TORONTO ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BRUNO, AGUSTIN	
STREET ADDRESS	18354 114 PLACE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<i>STD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MICKEY, EDITH</i>	
STREET ADDRESS	<i>11480 183 PLACE</i>	
CITY - ST - ZIP	<i>LIVE OAK FL 32060</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edith Mickey *Edith Mickey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (904)334-5173

Date

Daytime Phone #