

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N22573

Entity Name: CLAYLAND OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O EDITH MICKEY
11480 183 PL
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

C/O EDITH MICKEY
11480 183 PL
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-2896819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICKEY, EDITH
11480 183RD PL
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADFORD, JEFF
Address: 18393 116 PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: VPD () Delete
Name: DOBBELS, KIPPY
Address: 5470 TORONTO ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: STD () Delete
Name: MICKEY, EDITH
Address: 11780 183 PL
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH MICKEY

STD

04/07/2009

Electronic Signature of Signing Officer or Director

Date