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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29647

1. Corporation Name

CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED

Principal Place of Business

949 CR 217
JACKSONVILLE FL 32234
US

Mailing Address

CLAY HILL COMM. SERVICE
P.O. BOX 1553
MIDDLEBURG FL 32050-1553
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/12/1988

4. FEI Number

59-2961497

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

9. Name and Address of Current Registered Agent

SCOTT, STEVE
949 CR 217
JACKSONVILLE FL 32234

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V**
JOHNS, ROBERT R.
STREET ADDRESS **5925 LONG BRANCH CEMETERY RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ DELETE

NAME **D**
JONELL WEBB
STREET ADDRESS **5915 LONG BRANCH CENETERY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
JOHNSON, BELINDA
STREET ADDRESS **1483 FLOYD JOHNS RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T**
CARTER, LEON W
STREET ADDRESS **2204 LOUIE CARTER RD**
CITY-ST-ZIP **BALDWIN FL 32234**

TITLE ☐ DELETE

NAME **D**
JORDON, G.S.
STREET ADDRESS **6130 BOBBY PADGETT RD**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ DELETE

NAME **D**
SCOTT, STEVE
STREET ADDRESS **949 CR. 217**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

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

P Steve Scott
949 CR. 217
Jacksonville, FL 32234

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEON W CARTER 3-19-99 904-289-78