

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90655 036 \*\*\*\*61.25

**DOCUMENT # N29647**

1. Entity Name

**CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

5925 LONG BRANCH CEMETERY ROAD  
 JACKSONVILLE FL 32234  
 US

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

2. Principal Place of Business

3. Mailing Address

6235 Co. Road 218 W Clay Hill Comm. Association  
 Suite, Apt. #, etc. P.O. Box 1553



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville, FL

Middleburg, FL

4. FEI Number

59-2961497

Applied For

Not Applicable

Zip

Country

Zip

Country

32234

Clay

32050-1553

Clay

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

Name

William Parrish

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

6235 Co. Road 218 W

City

Jacksonville

FL

Zip Code

32234

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.

SIGNATURE

William Parrish

4-1-02

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
 NAME JOHNS, ROBERT R ☐ Delete  
 STREET ADDRESS 5925 LONG BRANCH CEMETERY ROAD  
 CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE D  
 NAME JONELL WEBB ☐ Delete  
 STREET ADDRESS 5915 LONG BRANCH CEMETERY RD  
 CITY-ST-ZIP JACKSONVILLE FL

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

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

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

TITLE V  
 NAME PARRISH, WILLIAM ☐ Delete  
 STREET ADDRESS 6235 CR-218  
 CITY-ST-ZIP JACKSONVILLE FL 32234

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☒ Change ☐ Addition  
 NAME John, Robert R  
 STREET ADDRESS 5925 Long Branch Cemetery Road  
 CITY-ST-ZIP Jacksonville, FL 32234

TITLE S ☒ Change ☐ Addition  
 NAME Harden, Georgia  
 STREET ADDRESS 2065 Louie Carter Road  
 CITY-ST-ZIP Jacksonville, FL 32234

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TITLE S ☒ Change ☐ Addition  
 NAME Harden, Georgia  
 STREET ADDRESS 2065 Louie Carter Road  
 CITY-ST-ZIP Jacksonville, FL 32234

TITLE P ☒ Change ☐ Addition  
 NAME Parrish, William  
 STREET ADDRESS 6235 Co. Road 218 W  
 CITY-ST-ZIP Jacksonville, FL 32234

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: Leon W Carter 4-1-02 904-239-7876  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0057889

CR2E037 (9/01)