


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90208 043 ****61.25

DOCUMENT # N29647 1. Entity Name CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED					
Principal Place of Business 6235 CO ROAD 218 W JACKSONVILLE, FL 32234 US			Mailing Address CLAY HILL COMMU. SERVICE P.O. BOX 1553 MIDDLEBURG, FL 32050-1553 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2961497				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRISH, WILLIAM 6235 CO ROAD 218 W JACKSONVILLE, FL 32234			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ROBERT R		NAME		
STREET ADDRESS	5925 LONG BRANCH CEMETERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONELL WEBB		NAME		
STREET ADDRESS	5915 LONG BRANCH CENETERY RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, GEORGIA		NAME		
STREET ADDRESS	2065 LOUIE CARTER ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, LEON W		NAME		
STREET ADDRESS	2204 LOUIE CARTER RD		STREET ADDRESS		
CITY-ST-ZIP	BALDWIN, FL 32234		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, VIOLET		NAME	William Garrison	
STREET ADDRESS	5937 JOHN WILKINSON RD		STREET ADDRESS	5288 CR 218 W	
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, WILLIAM		NAME		
STREET ADDRESS	6235 CR-218		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
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: <u>Leon W. Carter</u> <u>5-7-04</u> <u>9042887876</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					