

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90091 045 ****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

20040000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2961497

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARRISH, WILLIAM
6235 CO ROAD 218 W
JACKSONVILLE FL 32234

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2005**

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

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

TITLE S ☐ Delete
NAME HARDEN, GEORGIA
STREET ADDRESS 2065 LOUIE CARTER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32234

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

TITLE P ☐ Delete
NAME GARRISON, WILLIAM
STREET ADDRESS 5288 CR 218 W
CITY-ST-ZIP MIDDLEBURG FL 32068

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME Parrish, William
STREET ADDRESS 6235 CR 218
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* (Leon W. Carter 2-28-05 904-289-7876)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #