


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90167 045 \*\*\*\*61.25

<b>DOCUMENT # N29647</b> 1. Entity Name <b>CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>6235 CO ROAD 218 W JACKSONVILLE FL 32234 US</b>			Mailing Address <b>CLAY HILL COMMU. SERVICE P.O. BOX 1553 MIDDLEBURG FL 32050-1553 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2961497</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PARRISH, WILLIAM 6235 CO ROAD 218 W JACKSONVILLE FL 32234</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>JOHNS, ROBERT R</b> <b>5925 LONG BRANCH CEMETERY ROAD</b> <b>JACKSONVILLE FL 32234</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>JONELL WEBB</b> <b>5915 LONG BRANCH CENETERY RD</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S</b> <b>HARDEN, GEORGIA</b> <b>2065 LOUIE CARTER ROAD</b> <b>JACKSONVILLE FL 32234</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>CARTER, LEON W</b> <b>2204 LOUIE CARTER RD</b> <b>BALDWIN FL 32234</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>GARRISON, WILLIAM</b> <b>5288 CR 218 W</b> <b>MIDDLEBURG FL 32068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V</b> <b>PARRISH, WILLIAM</b> <b>6235 CR-218</b> <b>JACKSONVILLE FL 32234</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T. Harden, Georgia</b> <b>2065 Louie Carter Road</b> <b>Jacksonville, FL 32234</b>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					



1st MOORE CR2E037 (10/06)

SIGNATURE: Leon W Carter - Leon W Carter 4-5-07 904-289-7876