2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N29647

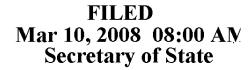
1. Entity Name

CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED

Principal Place of Business

6235 CO ROAD 218 W IACKSONVILLE, FL 32234 US Mailing Address

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





02112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	Applied For	
59-2961497	Not Applicab	Лe
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARRISH, WILLIAM 6235 CO ROAD 218 W JACKSONVILLE, FL 32234

DO	NOT	WRITE
IN T	THIS	SPACE

the obligat	named entity submits this statement for the parties of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$81.25 Due by May 1, 2008	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000853954 03/26/08-80086-022 61.25		
10.	OFFICERS AND DIREC	CTORS		****			
NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, ROBERT R 5925 LONG BRANCH CEMETERY RO JACKSONVILLE, FL 32234	DAD					
NAME STREET ADDRESS CITY-ST-ZIP	D JONELL WEBB 5915 LONG BRANCH CENETERY RE JACKSONVILLE, FL)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARDEN, GEORGIA 2065 LOUIE CARTER ROAD JACKSONVILLE, FL 32234		٠,	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, WILLIAM 5288 CR 218 W MIDDLEBURG, FL 32068			IN	THIS SPACE		
TITLE NAME Street Address City-St-Zip	V PARRISH, WILLIAM 6235 CR-218 JACKSONVILLE, FL 32234						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with al	and accurate and/that my signatu to execute this region as require	nptions cor re shall haved by Chap	ntained in Chapter 11 to the same legal effe ter 6/17, Florida Statut	9, Florida Statutes, I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if		