

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2008 08:00 AM
Secretary of State**

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 COMM. SERVICE
P.O. BOX 1553
MIDDLEBURG, FL 32050-1553 US**



02112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2961497

Applied For
Not Applicable

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 THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000853954
03/26/08-80086-022 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #