# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# N29647

**Entity Name:** CLAY HILL COMMUNITY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

6235 CO ROAD 218 W
JACKSONVILLE, FL 32234 US

**New Principal Place of Business:**

**Current Mailing Address:**

CLAY HILL COMMU. SERVICE
P.O. BOX 1553
MIDDLEBURG, FL 320501553 US

**New Mailing Address:**

**FEI Number: 59-2961497** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | JOHNS, ROBERT R | |
| Address: | 5925 LONG BRANCH CEMETERY ROAD | |
| City-St-Zip: | JACKSONVILLE, FL 32234 | |
| Title: | D | ( ) Delete |
| Name: | JONELL WEBB | |
| Address: | 5915 LONG BRANCH CENETERY RD | |
| City-St-Zip: | JACKSONVILLE, FL | |
| Title: | ST | ( ) Delete |
| Name: | HARDEN, GEORGIA | |
| Address: | 2065 LOUIE CARTER ROAD | |
| City-St-Zip: | JACKSONVILLE, FL 32234 | |
| Title: | P | ( ) Delete |
| Name: | GARRISON, WILLIAM | |
| Address: | 5288 CR 218 W | |
| City-St-Zip: | MIDDLEBURG, FL 32068 | |
| Title: | V | ( ) Delete |
| Name: | PARRISH, WILLIAM | |
| Address: | 6235 CR-218 | |
| City-St-Zip: | JACKSONVILLE, FL 32234 | |
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | T | (X) Change ( ) Addition |
| Name: | HARDEN, GEORGIA | |
| Address: | 2065 LOUIE CARTER ROAD | |
| City-St-Zip: | JACKSONVILLE, FL 32234 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | S | ( ) Change (X) Addition |
| Name: | CRABTREE, LAURA | |
| Address: | 196 CINNAMON ST | |
| City-St-Zip: | MIDDLEBURG, FL 32068 | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA C HARDEN T 04/07/2009

Electronic Signature of Signing Officer or Director — Date