

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90128 024 \*\*\*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**

**90020827**



☐ CHECK HERE IF MAKING CHANGES

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE **D** ☒ Delete  
NAME **JORDON, G.S.**  
STREET ADDRESS **6130 BOBBY PADGETT RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☒ Change ☒ Addition  
NAME **Violet Wallace**  
STREET ADDRESS **5937 John Wilkinson Rd.**  
CITY-ST-ZIP **Jacksonville, FL 32234**

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

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

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:

**SIGNATURE REQUIRED**

**LEON W CARTER T 2-5-03 904-289-7876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)