

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 016 \*\*\*\*61.25

**DOCUMENT # N48232**

1. Entity Name

**SEILER-DEVORE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**POST OFFICE 5041  
SALT SPRINGS FL 32134**

Mailing Address

**POST OFFICE 5041  
SALT SPRINGS FL 32134**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number **59-2538711**

Applied For

Not Applicable

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

**CLAYTON, JEANENE S.  
5618 NE 14TH AVE.  
OCALA FL 34479**

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  
Due By May 1, 2008**

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

TITLE ☐ Delete  
NAME **CLAYTON, MIKE**  
STREET ADDRESS **4500 NE 13 AVE**  
CITY- ST- ZIP **OCALA FL 34479**

TITLE ☐ Delete  
NAME **SUBER, LAURA**  
STREET ADDRESS **4304 SW 20 ST.**  
CITY- ST- ZIP **OCALA FL 34474**

TITLE ☐ Delete  
NAME **CLAYTON, CINDY**  
STREET ADDRESS **4500 NE 13 AVE**  
CITY- ST- ZIP **OCALA FL 34479**

TITLE ☐ Delete  
NAME **CLAYTON, JEANENE**  
STREET ADDRESS **5618 NE 14 AVE**  
CITY- ST- ZIP **OCALA FL 34479**

TITLE ☒ Delete  
NAME **NORMAN, BUTLER**  
STREET ADDRESS **25211 NE 131 LN**  
CITY- ST- ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Delete  
NAME **PEREZ, MARY**  
STREET ADDRESS **12175 NE 238TH TERRACE**  
CITY- ST- ZIP **SALT SPRINGS FL 32134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **Dave Suber**  
STREET ADDRESS **4304 SW 20 ST**  
CITY- ST- ZIP **OCALA, FL. 34474**

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 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.

SIGNATURE *Jeanene Clayton* **JEANENE CLAYTON**

4-16-08

352-622-3874