

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90045 003 ****61.25

DOCUMENT # N98000005905 1. Entity Name THE HILLS OF CLERMONT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2682 SUNBURY STREET CLERMONT, FL 34711			Mailing Address 2682 SUNBURY STREET CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 2755 CEDARIDGE CIR		3. Mailing Address 2755 CEDARIDGE CIR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CLERMONT, FL		City & State CLERMONT, FL		4. FEI Number 59-3538376	
Zip 34711		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUDASH, TODD A 2706 PINE SHADOW LANE CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name JOHN SHANOSKI Street Address (P.O. Box Number is Not Acceptable) 2755 CEDARIDGE CIRCLE City CLERMONT FL 34711		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-7-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP LANG, ROBERT W 2682 SUNBURY STREET CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN SHANOSKI 2755 CEDARIDGE CIRCLE CLERMONT, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUDASH, TODD A 2706 PINE SHADOW LANE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAROLD DEMOCKER 2718 PINE SHADOW LANE CLERMONT, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUELLER, RICHARD 2678 BOND STREET CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD MUELLER 2678 BOND STREET CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: JOHN SHANOSKI 4-7-08 407-654-1469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					