


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90028 008 ****61.25

DOCUMENT # N04000003364

1. Entity Name
CLIFTON VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7785 BAYMEADOWS WAY STE 200
 JACKSONVILLE, FL 32256**

Mailing Address
**7785 BAYMEADOWS WAY STE 200
 JACKSONVILLE, FL 32256**

2. Principal Place of Business
5210 Belfort Rd.

3. Mailing Address
10036 Sawgrass Dr. #1

Suite, Apt. #, etc.
400

City & State
Jacksonville FL


City & State
Ponte Vedra Beach FL

Zip
32256

Country
DUVAL

Zip
32082

Country
St. Johns

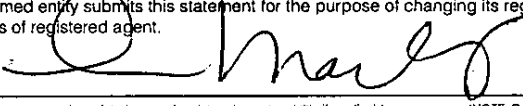


02252005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**MAY MANAGEMENT SERVICES, INC.
 10036 SAWGRASS DR W #1
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent
 Name **ANNA M MARKS**
 Street Address (P.O. Box Number is Not Acceptable)
**MAY MANAGEMENT SEVR INC
 5455 HIGHWAY A1A SOUTH**
 City **ST AUGUSTINE FL** Zip Code **32080**

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  DATE **3/4/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

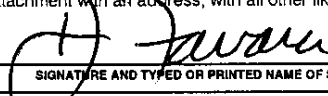
Filing Fee is \$61.25 Due by May 1, 2005

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 D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCTZER, KEVIN		NAME GENOVESE, WILLIAM	
STREET ADDRESS 7785 BAYMEADOWS WAT STE 200		STREET ADDRESS 5210 Belfort Rd, Suite 400	
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP Jacksonville, FL 32256	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAVARA, DINO		NAME FAVARA, DINO	
STREET ADDRESS 7785 BAYMEADOWS WAT STE 200		STREET ADDRESS 5210 Belfort Rd # 400	
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COOK, CHRISTINE		NAME SCHAEDEL, LINDA A	
STREET ADDRESS 7785 BAYMEADOWS WAT STE 200		STREET ADDRESS 5210 Belfort Rd. Suite 400	
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP Jacksonville, FL 32256	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **3/4/05** (904) 461-9708

Signature and typed or printed name of signing officer or director