

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90054 019 \*\*\*\*61.25

<b>DOCUMENT # N04000003364</b> 1. Entity Name CLIFTON VILLAGE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 5210 BELFORT RD. #400 JACKSONVILLE, FL 32256		Mailing Address 5210 BELFORT RD. #400 JACKSONVILLE, FL 32256
2. Principal Place of Business 10036 Sawgrass Dr. W. Suite 1	3. Mailing Address 5455 AIA S.	
City & State Ponte Vedra Beach, FL	City & State St. Augustine, FL	4. FEI Number 55-0879268
Zip 32082	Country USA	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 MARKS, ANNA M 5455 5455 HIGHWAY AIA SOUTH SAINT AUGUSTINE, FL 32080	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	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. TO OFFICERS AND DIRECTORS IN 10
TITLE: D <input checked="" type="checkbox"/> Delete NAME: GENOVESE, WILLIAM STREET ADDRESS: 5210 BELFORT RD, SUITE 400 CITY-ST-ZIP: JACKSONVILLE, FL 32256	Stuart Kane President 7102 Stonelion Circle Jacksonville FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete NAME: FAVARA, DINO STREET ADDRESS: 5210 BELFORT RD. #400 CITY-ST-ZIP: JACKSONVILLE, FL 32256	Anthony Sutton Vice President 7181 Stonelion Circle Jacksonville FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete NAME: SCHAEDEL, LINDA A STREET ADDRESS: 5210 BELFORT RD. SUITE 400 CITY-ST-ZIP: JACKSONVILLE, FL 32256	Heather Forshee Secretary 4847 Parkhurst Place Jacksonville FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	Alisa Humphrey Treasurer 7189 Stonelion Circle Jacksonville FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	Joy Fashauer Director 7192 Stonelion Circle Jacksonville FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as 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: <u>Alisa Humphrey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-1-06</u> <small>Date</small>

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