


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 025 ****61.25

DOCUMENT # N04000003364				
1. Entity Name CLIFTON VILLAGE HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 10036 SAWGRASS DR W STE 1 PONTE VEDRA BEACH, FL 32082		Mailing Address 5455 AVE S SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address May Management Serv.		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5455 AIA South		
City & State		City & State Saint Augustine		
Zip	Country	Zip	Country	
32080	USA	32080	USA	
4. FEI Number 55-0879268		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 S4SS HIGHWAY AIA SOUTH SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name: May Management Serv. Street Address (P.O. Box Number is Not Acceptable): c/o May Management Serv. 5455 AIA 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 _____ <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, 2007		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	P KANE, STUART	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7102 STONELION CIR		NAME	
STREET ADDRESS	JACKSONVILLE, FL 32256		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	VP SUTTON, ANTHONY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7181 STONELION CIR		NAME	
STREET ADDRESS	JACKSONVILLE, FL 32258		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	S FORSHEE, HEATHER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4847 PARKHURST PL		NAME	
STREET ADDRESS	JACKSONVILLE, FL 32256		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	T HUMPHREY, ALISA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7189 STONELION CIR		NAME	
STREET ADDRESS	JACKSONVILLE, FL 32256		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D FASHAUER, JOY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7192 STONELION CIR		NAME	
STREET ADDRESS	JACKSONVILLE, FL 32258		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 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: <u>Alisa Humphrey</u>		DIRECTOR/TREASURER 1-31-07 904 687 3623		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

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