


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 009 ****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 MAY MGMT. SERV. 5455 A1A S. SAINT AUGUSTINE, FL 32080		40059229 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 55-0879268	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAY MGMT. SERV. 5445 A1A S. SAINT AUGUSTINE, FL 32080				Name <u>Ronald Cotterill</u> Street Address (P.O. Box Number is Not Acceptable) <u>1010 N. Florida Ave.</u> City <u>Tampa</u> FL Zip Code <u>33602</u>	
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 <u>[Signature]</u> RONALD E. COTTERILL 3-2-08				DATE	
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	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, STUART			NAME	
STREET ADDRESS	7102 STONELION CIR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, ANTHONY			NAME	
STREET ADDRESS	7181 STONELION CIR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32258			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSHEE, HEATHER			NAME	<u>David Kenney</u>
STREET ADDRESS	4847 PARKHURST PL			STREET ADDRESS	<u>4858 Parkhurst Pl.</u>
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	<u>Jacksonville FL 32256</u>
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, ALISA			NAME	
STREET ADDRESS	7189 STONELION CIR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASHAUER, JOY			NAME	
STREET ADDRESS	7192 STONELION CIR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32258			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> ALISA HUMPHREY 3-18-08				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	