

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 06, 2006 8:00 am
Secretary of State

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

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01202006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000003364 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	
Zip 32082		Zip 32080	
Country USA		Country 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		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent MARKS, ANNA M 5455 HIGHWAY AIA SOUTH SAINT AUGUSTINE, FL 32080		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</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		IO OFFICERS AND DIRECTORS IN 10	
10. OFFICERS AND DIRECTORS		11.	
TITLE D NAME GENOVESE, WILLIAM STREET ADDRESS 5210 BELFORT RD, SUITE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE Stuart Kane NAME President STREET ADDRESS 7102 Stonelion Circle CITY-ST-ZIP Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FAVARA, DINO STREET ADDRESS 5210 BELFORT RD. #400 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE Anthony Sutton NAME Vice President STREET ADDRESS 7181 Stonelion Circle CITY-ST-ZIP Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SCHAEDEL, LINDA A STREET ADDRESS 5210 BELFORT RD. SUITE 400 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE Heather Forshee NAME Secretary STREET ADDRESS 4847 Parkhurst Place CITY-ST-ZIP Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Alisa Humphrey NAME Treasurer STREET ADDRESS 7189 Stonelion Circle CITY-ST-ZIP Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Joy Fashauer NAME Director STREET ADDRESS 7192 Stonelion Circle CITY-ST-ZIP 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 c... 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 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> Daytime Phone #	