

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003364

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** CLIFTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10036 SAWGRASS DR W  
STE 1  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

MAY MGMT. SERV.  
5455 A1A S.  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**FEI Number:** 55-0879268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTTERILL, RONALD E  
1010 N. FLORIDA AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SUTTON, ANTHONY  
Address: 7181 STONELION CIR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S ( ) Delete  
Name: KENNEY, DAVID  
Address: 4858 PARKHURST PLACE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T ( ) Delete  
Name: HUMPHREY, ALISA  
Address: 7189 STONELION CIR  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BOWDEN, THOMAS  
Address: 7106 STONELION CIR  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY MACFARLANE FOR HAWTHORN HOA

PM

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date