


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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007867</b> 1. Entity Name <b>CAPE UNIT SIX HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255</b>	Mailing Address <b>4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255</b>
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>69-1250840</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PUTNAL, JAMES E  
4971 SCENIC MARSH COURT  
JACKSONVILLE, FL 32255**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUTNAL, JAMES E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PUTNAL, DIANNA 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COFFELL, BRAD 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. **DO NOT WRITE  
IN THIS SPACE**

1100000553724  
05/15/06-80062-024 61.25

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:  **4-28-06** **904-591-2695**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #