


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007867 1. Entity Name CAPE UNIT SIX HOMEOWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255	Mailing Address 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255
--	--

DO NOT WRITE IN THIS SPACE



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 69-1250840	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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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
---	---

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000698402
04/19/07-80001-009 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #