

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N29468

1. Entity Name
CAUSSEAUX ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**8736 CELIA ROAD
TALLAHASSEE, FL 32305 US**

Mailing Address
**8736 CELIA ROAD
TALLAHASSEE, FL 32305**



03282006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2958279

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEPHERD, ARTEMUS L
8736 CELIA ROAD
TALLAHASSEE, FL 32305**

**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 re-registering.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
SHEPHERD, ARTEMUS L
8736 CELIA RD
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
JACKSON, JEROME
8728 CELIA RD.
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ST
AUSTIN, WILBERT
8752 CELIA ROAD
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000518531
05/02/06-80014-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

Date

421-0902

Daytime Phone #