


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State


02-07-2005 90068 021 ****61.25

DOCUMENT # N40163		
1. Entity Name CAYCES CROSSING HOMEOWNERS ASSOCIATION, INC.		


Principal Place of Business % CAROLYN MARTINEZ, TREAS. 4325 APPLE TREE PLACE JACKSONVILLE FL 32258-1314	Mailing Address % CAROLYN MARTINEZ, TREAS. 4325 APPLE TREE PLACE JACKSONVILLE FL 32258-1314
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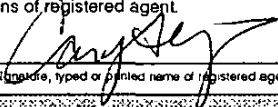
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 59-3111593	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 KLEINFELD, ALLAN S 4398 PRINCESS LADETH CT. W JACKSONVILLE FL 32258	
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7. Name and Address of New Registered Agent	
Name	
Street	 Carolyn Martinez 4325 Apple Tree Pl. Jacksonville, FL 32258
City	FL Zip Code

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 	DATE 1/31/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATCHELL, KEVIN 4330 APPLE TREE PLACE JACKSONVILLE FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARSON, JACK 4380 APPLE TREE PLACE JACKSONVILLE FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLIMCHAK, SHERRILL 4386 APPLE TREE PLACE JACKSONVILLE FL 32258 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEINFELD, ALLAN S 4398 PRINCESS LABETH CT. W JACKSONVILLE FL 32258 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bill Schmitz 4422 Princess Labeth Ct. W Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  Carolyn Martinez 4325 Apple Tree Pl. Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jimmy Lee 4327 Apple Tree Place Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE: 1/31/05	DAYTIME PHONE: 904-288-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		