

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90039 033 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3111593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, CAROLYN  
4325 APPLE TREE PL  
JACKSONVILLE FL 32258

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME PATCHELL, KEVIN  
STREET ADDRESS 4330 APPLE TREE PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME PARSON, JACK  
STREET ADDRESS 4380 APPLE TREE PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE VD ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SCHMITZ, BILL  
STREET ADDRESS 4422 PRINCESS LA BETH 61 W  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE PD ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MARTINEZ, CAROLYN  
STREET ADDRESS 4325 APPLE TREE PL  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LEE, JIMMY  
STREET ADDRESS 4397 APPLE TREE PL  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

2/3/06 904.288.7702