


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90051 030 \*\*\*\*61.25

<b>DOCUMENT # N40163</b>					
<b>1. Entity Name</b> CAYCES CROSSING HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> % CAROLYN MARTINEZ, TREAS. 4325 APPLE TREE PLACE JACKSONVILLE, FL 32258-1314			<b>Mailing Address</b> % CAROLYN MARTINEZ, TREAS. 4325 APPLE TREE PLACE JACKSONVILLE, FL 32258-1314		
<b>2. Principal Place of Business - No P.O. Box #</b> c/o BARBARA SCHMITZ, TREAS		<b>3. Mailing Address</b> 4422 PRINCESS LA BETH CT W			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE		<b>City &amp; State</b> FL		<b>4. FEI Number</b> 59-3111593	
<b>Zip</b> 32258		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01302008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> MARTINEZ, CAROLYN 4325 APPLE TREE PL JACKSONVILLE, FL 32258			<b>7. Name and Address of New Registered Agent</b> Name: BARBARA SCHMITZ Street Address (P.O. Box Number is Not Acceptable): 4422 PRINCESS LA BETH CT W City: JACKSONVILLE FL Zip Code: 32258		
<b>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.</b>					
SIGNATURE: <i>Barbara Schmitz</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 1/31/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VD <b>NAME</b> SCHMITZ, BILL <b>STREET ADDRESS</b> 4422 PRINCESS LA BETH 61 W <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT P <b>NAME</b> TODD KLIMCHAK <b>STREET ADDRESS</b> 4396 APPLE TREE PLACE <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> MARTINEZ, CAROLYN <b>STREET ADDRESS</b> 4325 APPLE TREE PL <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT V <b>NAME</b> CHARLIE WALCH <b>STREET ADDRESS</b> 4403 APPLE TREE PLACE <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> LEE, JIMMY <b>STREET ADDRESS</b> 4397 APPLE TREE PL <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SECRETARY S <b>NAME</b> FRAN CURRAN <b>STREET ADDRESS</b> 4362 APPLE TREE PLACE <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> CLINE, JEFF <b>STREET ADDRESS</b> 4367 APPLE TREE PLACE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TREASURER T <b>NAME</b> BARBARA SCHMITZ <b>STREET ADDRESS</b> 4422 PRINCESS LA BETH CT W <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Barbara Schmitz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 1/31/08 904 260-6251 <small>Daytime Phone #</small>		