2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40163

FILED Feb 20, 2010 Secretary of State

Entity Name: CAYCES CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O BARBARA SCHMITZ, TRES 4422 PRINCESS LABETH CT W JACKSONVILLE, FL 322581310 US

Current Mailing Address: New Mailing Address:

C/O BARBARA SCHMITZ, TRES 4422 PRINCESS LABETH CT W JACKSONVILLE, FL 322581310 US

FEI Number: 59-3111593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHMITZ, BARBARA M TREAS

4422 PRINCESS LABETH CT W

JACKSONVILLE, FL 322581310 US

KLIMCHAK, TODD PRES

4386 APPLE TREE PLACE

JACKSONVILLE, FL 32258 US

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.

SIGNATURE: TODD KLIMCHAK 02/20/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PRES

Name: KLIMCHAK, TODD
Address: 4386 APPLE TREE PLACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP

Name: WALCH, CHARLIE
Address: 4403 APPLETREE PLACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC

 Name:
 CURRAN, FRAN

 Address:
 4362 APPLETREE PLACE

 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: TRE

Name: SCHMITZ, BARBARA

Address: 4422 PRINCESS LABETH CT W City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA M. SCHMITZ TREA 02/20/2010