2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N40163

Entity Name: CAYCES CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

KLIMCHAK, TODD PRES
4386 APPLE TREE PLACE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: 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 SCHMITZ TREA 01/05/2012

Electronic Signature of Signing Officer or Director — Date