

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90001 009 \*\*\*\*61.50

**DOCUMENT # N93000005684**

1. Entity Name  
CAPE COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
P. O. BOX 18233  
JACKSONVILLE, FL 32239-0233 US

Mailing Address  
P. O. BOX 18233  
JACKSONVILLE, FL 32239-0233 US

50002042



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3215433

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUGO, MARTY M  
15489 CAPE DRIVE N.  
JACKSONVILLE, FL 32226

**DO NOT WRITE  
IN THIS SPACE**

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 Marty M. Hugo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/05

**Filing Fee is \$64.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUETTA, JEFF 14767 CAPSTAU DRIVE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANCE, ROSANNE 15382 LANDMARK CIRCLE N. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGO, MARTY 15489 CAPE DRIVE N. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGO, TED A 15489 CAPE DRIVE N JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NANCE, DAVID 15382 LANDMARK CIRCLE N JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Marty M. Hugo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

(904) 696-1040

Daytime Phone #