

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90244 037 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

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

**Filing 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

TITLE PD ☐ Delete  
NAME MARQUETTA, JEFF  
STREET ADDRESS 14767 CAPSTAU DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE SD ☐ Delete  
NAME NANCE, ROSANNE  
STREET ADDRESS 15382 LANDMARK CIRCLE N.  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE TD ☐ Delete  
NAME HUGO, MARTY  
STREET ADDRESS 15489 CAPE DRIVE N.  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE TD ☐ Delete  
NAME HUGO, TED A  
STREET ADDRESS 15489 CAPE DRIVE N  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE VPD ☐ Delete  
NAME NANCE, DAVID  
STREET ADDRESS 15382 LANDMARK CIRCLE N  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 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.

SIGNATURE:

*Walter M. Hugo* *Martina M. Hugo* 1/13/06 (904) 696-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Treasurer*