


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90059 039 ****61.25

DOCUMENT # N93000005684	
1. Entity Name	
CAPE COMMUNITY ASSOCIATION, INC.	

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



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3215433	Not Applicable

6. Name and Address of Current Registered Agent
HUGO, MARTY M 15489 CAPE DRIVE N. JACKSONVILLE FL 32226

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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 Marty Hugo DATE 2/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD
NAME	MARQUETTA, JEFF	NAME	Portnoy, Risa
STREET ADDRESS	14787 CAPSTAN DRIVE	STREET ADDRESS	14951 Cape Forest Trail
CITY-STATE-ZIP	JACKSONVILLE FL 32226	CITY-STATE-ZIP	Jacksonville, FL 32226
TITLE	SD	TITLE	
NAME	NANCE, ROSANNE	NAME	
STREET ADDRESS	15382 LANDMARK CIRCLE N.	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32226	CITY-STATE-ZIP	
TITLE	TD	TITLE	
NAME	HUGO, MARTY	NAME	
STREET ADDRESS	15489 CAPE DRIVE N.	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32226	CITY-STATE-ZIP	
TITLE	TD	TITLE	
NAME	HUGO, TED A	NAME	
STREET ADDRESS	15489 CAPE DRIVE N	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32226	CITY-STATE-ZIP	
TITLE	VPD	TITLE	
NAME	NANCE, DAVID	NAME	
STREET ADDRESS	15382 LANDMARK CIRCLE N	STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL 32226	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marty Hugo MARTY HUGO DATE 2/5/07 (904) 757-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #