


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005684</b> 1. Entity Name CAPE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business P. O. BOX 18233 JACKSONVILLE, FL 32239-0233 US	Mailing Address P. O. BOX 18233 JACKSONVILLE, FL 32239-0233 US
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01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3215433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HUGO, MARTY M 15489 CAPE DRIVE N. JACKSONVILLE, FL 32226	<b>DO NOT WRITE IN THIS SPACE</b>
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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 DATE 1/14/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PORTNOY, RISA 14951 CAPE FOREST TRAIL 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	

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01/18/08-80037-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Ted A. Hugo DATE 1/14/08 DAYTIME PHONE # (904) 696-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR