

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005684

FILED  
Aug 10, 2009  
Secretary of State

Entity Name: CAPE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 18233  
JACKSONVILLE, FL 322390233 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 18233  
JACKSONVILLE, FL 322390233 US

**New Mailing Address:**

FEI Number: 59-3215433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUGO, MARTY M  
15489 CAPE DRIVE N.  
JACKSONVILLE, FL 32226      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: PD      ( ) Delete  
Name: PORTNOY, RISA  
Address: 14951 CAPE FOREST TRAIL  
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD      ( ) Delete  
Name: NANCE, ROSANNE  
Address: 15382 LANDMARK CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD      ( ) Delete  
Name: HUGO, MARTY  
Address: 15489 CAPE DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD      ( ) Delete  
Name: HUGO, TED A  
Address: 15489 CAPE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD      ( ) Delete  
Name: NANCE, DAVID  
Address: 15382 LANDMARK CIRCLE N  
City-St-Zip: JACKSONVILLE, FL 32226

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MARGUETTE, JEFF  
Address: 14676 CAPSTAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 1VPD      (X) Change ( ) Addition  
Name: BRENNER, VIRGIL J  
Address: 14721 CAPE DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32226

Title: 2VPD      ( ) Change (X) Addition  
Name: STOWERS, THOMAS  
Address: 14708 CAPSTAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA M. HUGO

Electronic Signature of Signing Officer or Director

TRES

08/10/2009

\_\_\_\_\_ Date