# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2010**
**Secretary of State**

DOCUMENT# N93000005684

**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 ( )**

**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
Name: MARGUETTE, JEFF
Address: 14676 CAPSTAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

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

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

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

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

Title: 2VPD
Name: STOWERS, THOMAS
Address: 14708 CAPSTAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

SIGNATURE: MARTHA M. HUGO TRES 01/08/2010
Electronic Signature of Signing Officer or Director Date