

No. C 156324		Due no later than Sep 30, 2005		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAPE OF ART COMMUNITY HOMEOWNERS ASSOCIATION, INC. DAN JACOBSON PO BOX 905 SANDPOINT ID 83864 0000		DAN S JACOBSON 212 N 1ST AVE STE 103 SANDPOINT ID 83864 0000		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JEFF & CINDY BOND	450 KIENHOLZ DRIVE	HOPE	ID	USA	83836
DIRECTOR	JOHN & LINDA GILHAM	282 WINTERBERRY WAY	SANDPOINT	ID	USA	83864
DIRECTOR	DAN & ALLISON JACOBSON	P.O. BOX 905	SANDPOINT	ID	USA	83864
DIRECTOR	CHRISTIAN & SAN GROENKE	249 KIENHOLZ DRIVE	HOPE	ID	USA	83836
DIRECTOR	KLAUS & GISELA GROENKE	322 KIENHOLZ DRIVE	HOPE	ID	USA	83864
DIRECTOR	DENNIS & MILA LOPEZ	NNA KIENHOLZ DRIVE	HOPE	ID	USA	83836
DIRECTOR	TIM SCOFIELD	149 WEST DAVID THOMPSON ROAD	HOPE	ID	USA	83836
DIRECTOR	DAVE & SHEILA MEYERS	234 WEST SAN RAMON	FRESNO	CA	USA	93704
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
IDAHO C 156324		Signature: Dan S. Jacobson		Date: 09/29/2005		
		Name (type or print): Dan S. Jacobson		Title: Director/Registered Agent		
Processed 09/29/2005		* Electronically provided signatures are accepted as original signatures.				