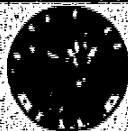


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730200 (3)

1. Corporation Name

CARDINAL COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5403 PEPPERTREE DR.
FT MYERS FL 33908**

Mailing Address

**5403 PEPPERTREE DR
FT MYERS FL 33908**

95 APR 19 AM 8:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1974** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-2062166** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
13515 BELL TOWER DR.
SUITE 101
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

April 12, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEBER, RAYMOND
STREET ADDRESS	5413 PEPPERTREE DR., #11
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	V
NAME	MORGAN, GRETCHEN
STREET ADDRESS	5413 PEPPERTREE DR., #10
CITY-ST-ZIP	FT. MYERS FL
TITLE	ST
NAME	HOFLE, BETTY
STREET ADDRESS	5441 PEPPERTREE DR., #7
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	D
NAME	DONOFIO, ELEANOR
STREET ADDRESS	5491 PEPPERTREE DR., #9
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	D
NAME	GOLDEN, DOUGLAS
STREET ADDRESS	5475 PEPPERTREE DR., #9
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	D
NAME	STAMELOS, WILLIAM
STREET ADDRESS	5479 PEPPERTEE DR., #18
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Douglas Golden	
1.3 STREET ADDRESS	5475 Peppertree Dr. #9	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
2.1 TITLE	President	☐ Change ☒ Addition
2.2 NAME	William Moritz	
2.3 STREET ADDRESS	5449 Peppertree Dr. #14	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
3.1 TITLE	Secretary/Treasurer	☐ Change ☐ Addition
3.2 NAME	Betty Hofle	
3.3 STREET ADDRESS	5441 Peppertree Dr. #7	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
4.1 TITLE	Director	☐ Change ☐ Addition
4.2 NAME	Wm. Stamelos	
4.3 STREET ADDRESS	5479 Peppertree Dr. #16	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	Arthur Waters	
5.3 STREET ADDRESS	5459 Peppertree Dr. #10	
5.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas Golden

Douglas Golden, Pres.

3-13-94 (813) 433-3379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #