

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **730200** (3)  
1. Corporation Name  
**CARDINAL COVE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business  
**5433 PEPPERTREE DR  
FT MYERS FL 33908**

Mailing Address  
**5433 PEPPERTREE DR  
FT MYERS FL 33908**

3. Date Incorporated or Qualified  
**07/15/1974**

3a. Date of Last Report  
**04/19/1995**

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**

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  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 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  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P                         | <input type="checkbox"/> DELETE            |
| NAME           | GOLDEN, DOUGLAS           |  |
| STREET ADDRESS | 5475 PEPPERTREE DRIVE #9  |  |
| CITY-ST-ZIP    | FT. MYERS FL              |  |
| TITLE          | PRES                      | <input type="checkbox"/> DELETE            |
| NAME           | MORITZ, WILLIAM           |  |
| STREET ADDRESS | 5449 PEPPERTREE DRIVE #14 |  |
| CITY-ST-ZIP    | FT. MYERS FL              |  |
| TITLE          | ST                        | <input type="checkbox"/> DELETE            |
| NAME           | HOFLE, BETTY              |  |
| STREET ADDRESS | 5441 PEPPERTREE DR., #7   |  |
| CITY-ST-ZIP    | FT MYERS, FL 00000        |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | STAMELOS                  |  |
| STREET ADDRESS | 5479 PEPPERTREE DRIVE #16 |  |
| CITY-ST-ZIP    | FT MYERS, FL 00000        |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | WATERS, ARTHUR            |  |
| STREET ADDRESS | 5459 PEPPERTREE DRIVE #10 |  |
| CITY-ST-ZIP    | FT MYERS, FL 00000        |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | STAMELOS, WILLIAM         |  |
| STREET ADDRESS | 5479 PEPPERTEE DR., #16   |  |
| CITY-ST-ZIP    | FT. MYERS FL              |  |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | PENROD, Thomas   |
| 6.3 STREET ADDRESS | 5495 Peppertree DR F15   |
| 6.4 CITY-ST-ZIP    | FORT MYERS, FL 33908   |

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96  
Date

489-3495  
Daytime Phone #

CR2E037 (12/95)