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Mar 31 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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



2. Principal Place of Business 2a. Mailing Address
21 4210 Metro Pkwy 26 4210 Metro Pkwy
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 240 27 240
City & State City & State
23 FT MYERS FL 28 FT MYERS, FL
Zip Zip Country Country
24 33916 25 LEE 29 33916 30 LEE

3. Date Incorporated or Qualified
07/15/1974
4. FEI Number
59-2062166
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 240
84 City
85 Zip Code
Peppitone Realty Management LLC
4210 METRO PARKWAY
FT MYERS FL 33916

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 Thomas Peppitone AS MANAGER IN 3-25-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) 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 checked="" type="checkbox"/> DELETE
NAME	MORITZ, WILLIAM	
STREET ADDRESS	5449 PEPPERTREE DRIVE #14	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HOFLE, BETTY	
STREET ADDRESS	5441 PEPPERTREE DR., #7	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STAMELOS	
STREET ADDRESS	5479 PEPPERTREE DRIVE #18	
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	PENROD, THOMAS	
STREET ADDRESS	5495 PEPPERTREE DRIVE F15	
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 checked="" type="checkbox"/> Addition
2.2 NAME	WARRREN NOBLE
2.3 STREET ADDRESS	5421 Peppertree DR #2
2.4 CITY-ST-ZIP	FT MYERS, FL 33908
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Hare
3.3 STREET ADDRESS	5467 Peppertree #2
3.4 CITY-ST-ZIP	FT MYERS, FL 33908
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 checked="" 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 type="checkbox"/> Addition
6.2 NAME	Ken Baker
6.3 STREET ADDRESS	5491 Peppertree #10
6.4 CITY-ST-ZIP	FT MYERS, FL 33908

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

SIGNATURE: MANAGING AGENT

2/26/98 941-274-9101

CR2E037 (10/97)