

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730200

FILED  
Mar 28, 2007  
Secretary of State

**Entity Name:** CARDINAL COVE CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2062166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 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 ( ) Delete  
Name: BUTTS, TOM  
Address: 5409 PEPPERTREE DR #A-6  
City-St-Zip: FORT MYERS, FL 33908

Title: VPD ( ) Delete  
Name: WAUMBAUGH, MARY  
Address: 5441 PEPPERTREE DR #C-5  
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete  
Name: BOTKA, ALEXANDER  
Address: 5445 PEPPERTREE DR #C-11  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: STALL, BRUCE  
Address: 5449 PEPPERTREE DR #C-16  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: LUTCH, LINDA  
Address: 3683 PURITAN DR  
City-St-Zip: BRUNSWICK, OH 44212

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM BUTTS

PD

03/28/2007

Electronic Signature of Signing Officer or Director

Date