## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 743479

1. Corporation Name

CAPE CORAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3702 S.E. 12TH AVENUE CAPE CORAL FL 33904

3702 S.E. 12TH AVENUE CAPE CORAL FL 33904

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90087 037 \*\*\*\*61.25



2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Quali	fed			
21		26			07/06/19 <u>78</u>				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	_	App	lied For	
22		27			65-04187 <u>60</u>		Not	Applicable	
City & State	3	City & State			5. Certifcate of Status Desired	_ : 🗆	\$8.75 Ad		
23		28			3. Certificate of Status Desired	, ப	Fee Req	uired	
Zip	Country	Zip	Country		6. Election Campaign Financi	ng	\$5.00 N	May Be	
24	25	29 3	o		Trust Fund Contribution	'' <sup>9</sup> 🗌	Added to		
	9. Name and Address of Current	<u></u>			10. Name and Address of Ne	w Registered A	gent		
81 Name / Mana /									
LIANGO MOR					eecher, 1/4	<u> </u>			
				82 Street Address (P.O. Box Number is Not Acceptable)					
3702 SE. 12TH AVE. #1A				07					
CAPE CORAL FL 33904				# 3H					
			<b>84</b> Ci	y Oak	e Coral	Fi	85 Zip C	ode /	
				Cap	<b>.</b>	. –	1 1237	04	
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 // Orless									
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent sign	sture required v		DATE	- CIDEATOR	20 10 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	EKISS, HOWARD		1.2 NAME						
STREET ADORESS	3702 SE, 12TH AVE #1D		1.3 STREET ADDI	RESS				-	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-\$T-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE			···	Change	Addition	
NAME	BLESSING, ROBERT		22 NAME						
STREET ADDRESS	3702 SE 12TH AVE: 1E		2.3 STREET ADD	RESS	•				
	CAPE CORAL FL		2. 4 CITY-ST-ZIP	1				\	
CITY-ST-ZIP		<b>⊠</b> DELETE	3.1 TITLE	5			Change	Addition	
TITLE	S KIOO ELIZABETH O		3.2 NAME	ーガ	onna Beske,		_		
NAME	KISS, ELIZABETH C			20	TOR SE PARA	26 # /E	3		
STREET ADDRESS	3702 SE 12TH AVE. #1D		3.3 STREET ADD	*** J	ape Coral, FL	3390	4	ļ	
CITY-ST-ZIP	CAPE CORAL FL	\$7 per ext	3.4. CITY-ST-ZIP	ا ا	are corar , 1-e		Change	Addition	
TITLE	π	<b>⊠</b> DELETE	4,1 TITLE	177	1 1	_	[] Origing		
NAME	HANKS, JACK		4. 2 NAME	Ma	orilyn Beech	= #2A			
STREET ADDRESS	3072 SE 12TH AVE #1A		4.3 STREET ADD	RESS 37		33904			
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	مے ح	ipe Coral, FL	7 2704			
TITLE		☐ DELETE	5.1 TITLE	Ì	•		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADD	RESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	ı					
			6.3 STREET ADD	RESS					
STREET ADDRESS			6.4 CITY-ST-ZIP						
CITY-ST-ZIP			E 0.7 OH 1-31-28	1					

I hereby certify that the information supplied with this filling 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 suppliemental 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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OF PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

4-15-99 941-549-5032 Date Daytime Phone #