


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90047 004 ****70.00

DOCUMENT # 753965

1. Entity Name
 CAPE CORAL R/SEA HAWKS, INC.



Principal Place of Business
 5095 NORTHAMPTON DRIVE
 FORT MYERS, FL 33919 US

Mailing Address
 5095 NORTHAMPTON DRIVE
 FORT MYERS, FL 33919 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40000360



01062007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2629260

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AGNEW, JOHN
 5095 NORTHAMPTON DRIVE
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOODS, ROBERT	
STREET ADDRESS	1402 SOUTHWEST 14TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHRAGER, ELDRED	
STREET ADDRESS	20701 MARATHONA CT.	
CITY-ST-ZIP	N FT MYERS, FL 33917	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AGNEW, JOHN	
STREET ADDRESS	5095 NORTHAMPTON DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NIEZELSKI, JOHN	
STREET ADDRESS	3590 PINE TREE DRIVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCADO, PATRICK	
STREET ADDRESS	1919 NW 26th AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, GENE	
STREET ADDRESS	1511 NW 27th PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Agnew* **JOHN AGNEW** 1-6-2007 239 936-7148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #