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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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THE CAPE	PARKWAY	<b>CONDOMINIUM</b>	MOITAIDOSSA	INC
	CARRITAL	COMPONIMINATOR	AGOLAMA HUN.	IN.

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	519 CAPE CORAL PKWY.		O. BOX 792									
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US			,				3.	Date Incorporate 01/27/19		3a. I	Date of Las 01/30/	
	Place of Business	2a. I	Mailing Address				4.	FEI Number			<u> </u>	Applied For
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Suite, Apt.	. #, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Sta	itus Desired			5 Additional
City & Stat	te	<del></del>	City & State			<del></del>	-   -	Election Compai		-		Required
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Zip	Country	Z	<b>Z</b> ip	C	ountry		<del></del>	This corporation		intanoible		
24	25	29		30				Florida Statutes		Yes [		3. 155.002,
	9. Name and Address of Curre	nt Registe	red Agent				10.	Name and Add	ress of New R	Registered	Agent	
					81 1	Name	<b>AUGUS</b>	T ZUNINO				
	<del>1, Clayton E</del> .				B2 5	Street Ac	derece (P.	RY <sup>Bo</sup> ZY <sup>IM</sup> SUI	Not Acceptab	(Ak		
	E-20TH-PLACE						CENTU	KY ZI SUI	BELT REA	ALTY		
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11. Pursuant	to the provisions of sections 617.050 red agent, or both, in the State of Flor ith, and accept the obligations of Sec	2 and 617.	1508, Florida Statut	tes, the at	bove-nan	ned corp	poration su	ibmits this stater	nent for the pur	pose of ch	angino its	registered office
or register familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of Sec	ida. Such c tion 617.05	hange was authori: 03. Florida Statute:	zed by the s.	e corpora	tion's b	oard of dir	ectors. I hereby a	accept the appo	ointment a	s registere	d agent. I am
SIGNATURE	11-		<u> </u>						4	4 3.	96	•
· · - · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered ager			OTE: Register	red Agent sig	nature recu	uired when rea	nstating)		DATE	- / 6	<del></del>
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