

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01119 (9)
1. Corporation Name
THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1429-1507-1519 CAPE CORAL PKWY.
PO BOX 792 CAPE CORAL 33910
CAPE CORAL FL 33914
US** **P. O. BOX 792
CAPE CORAL FL 33910
US**

3. Date Incorporated or Qualified **01/27/1984** 3a. Date of Last Report **01/30/1995**
4. FEI Number **59-2428802** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
**JENSEN, CLAYTON E.
4410 S.E. 20TH PLACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent
81 Name **AUGUST ZUNINO**
82 Street Address (P.O. Box Number is Not Acceptable) **CENTURY 21 SUNBELT REALTY**
83 **615 CAPE CORAL PARKWAY WEST, SUITE #102**
84 City **CAPE CORAL** FL 85 Zip Code **33914**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4-30-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAMEY, HELEN	
STREET ADDRESS	1811 SE 36 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MISTRETTA, VIRGINIA	
STREET ADDRESS	1429 SW CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUFFY, KATHLEEN	
STREET ADDRESS	1507 SW CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JARED, ROBERT	
STREET ADDRESS	1519 SW CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JARRED, SANDY	
1.3 STREET ADDRESS	1519 CAPE CORAL PARKWAY, #301	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUFFY, MAUREEN	
3.3 STREET ADDRESS	1507 CAPE CORAL PARKWAY	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JENSEN, CLAYTON	
4.3 STREET ADDRESS	P.O. Box 792	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33910	
5.1 TITLE		<input 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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-16-96** DAYTIME PHONE # **941 542 5169**

CR2E037 (12/95)