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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01119 (9)
1. Corporation Name
THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1429-1507-1519 CAPE CORAL PKWY. PO BOX 782 CAPE CORAL 33910 CAPE CORAL FL 33914 US	Mailing Address P. O. BOX 782 CAPE CORAL FL 33910-0782 US
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3. Date Incorporated or Qualified 01/27/1984	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2428802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 615 CAPE CORAL PKWY W. Suite, Apt. #, etc. SUITE #102
City & State 22	City & State 27 CAPE CORAL, FL
Zip 23	Country 28 33914
Country 24	Country 30 LEE

9. Name and Address of Current Registered Agent

**ZUNINO, AUGUST
CENTURY 21 SUNBELT REALTY
615 CAPE CORAL PKWY W SUITE 102
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JARRED, SANDY	
STREET ADDRESS	1519 CAPE CORAL PKWY 301	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" 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	DUFFY, MAUREEN	
STREET ADDRESS	1507 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENSEN, CLAYTON	
STREET ADDRESS	PO BOX 782	
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	ROBERT JARRED	
1.3 STREET ADDRESS	1519 CAPE CORAL PKWY #301	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUFFY, MAUREEN	
2.3 STREET ADDRESS	1507 CAPE CORAL PKWY #108	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JENSEN, CLAYTON	
3.3 STREET ADDRESS	1419 CAPE PARKWAY #204	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 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: _____ **(941) 542-5169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0056510**

CR2E037 (9/96)