

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1429-1807-1519 CAPE CORAL PKWY. PO BOX 782 CAPE CORAL 33910 CAPE CORAL FL 33914 US	Mailing Address 615 CAPE CORAL PKWY W. SUITE 102 CAPE CORAL FL 33914 US
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3. Date incorporated or Qualified
01/27/1984

4. FEI Number
59-2428802

Applied For Not Applicable

2. Principal Place of Business 21 C21 SUNBELT REALCY Suite of August ZUNINO 615 CAPE CORAL PKWY W. #1027	2a. Mailing Address Suite, Apt. #, etc. City & State CAPE CORAL, FL Zip 33914 Country uSA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JARRED, ROBERT	1.2 NAME	
STREET ADDRESS	1519 CAPE CORAL PKWY., #301	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	ST/D
NAME	DUFFY, MAUREEN	2.2 NAME	SANDY JARRED
STREET ADDRESS	1507 CAPE CORAL PKWY., #108	2.3 STREET ADDRESS	1519 Cape Coral Pkwy, W. #301
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	VD	3.1 TITLE	D
NAME	JENSEN, CLAYTON	3.2 NAME	Clayton Jensen
STREET ADDRESS	1419 CAPE PARKWAY., #204	3.3 STREET ADDRESS	1419 Cape Coral Pkwy W. #204
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		4.1 TITLE	VPD
NAME		4.2 NAME	Ron Lagattuta
STREET ADDRESS		4.3 STREET ADDRESS	1429 Cape Coral Pkwy W. #302
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Elliott Miles
STREET ADDRESS		5.3 STREET ADDRESS	1429 Cape Coral Pkwy, W. 3201
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		6.1 TITLE	
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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 recorder 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: *Robert Jarred* **REQUIRED** (941) 542-5169

CR2E037 (10/97)