

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90251 023 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N01119**

1. Corporation Name

**THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

C21 SUNBELT REALTY  
 615 CAPE CORAL PKWY W. #102  
 CAPE CORAL FL 33914  
 US

Mailing Address

615 CAPE CORAL PKWY W.  
 SUITE 102  
 CAPE CORAL FL 33914  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/27/1984

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	JARRED, ROBERT	1519 CAPE CORAL PKWY., #301	CAPE CORAL FL	<input checked="" type="checkbox"/>
STD	JARRED, SANDY	1519 CAPE CORAL PKWY, W. #301	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
D	JENSEN, CLAYTON	1419 CAPE CORAL PKWY, W. #204	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
VPD	LAGATTUTA, RON	1429 CAPE CORAL PKWY W. #302	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
D	MILES, ELLIOTT	1429 CAPE CORAL PKWY, W. 3201	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	CHRISTOPHER LEETZ	1233 SW 53RD TERRACE	CAPE CORAL, FL 33914	Change				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	SANDY JARRED	1519 CAPE CORAL PKWY W #301	CAPE CORAL, FL 33914	Change				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	CLAYTON JENSEN	1419 CAPE CORAL PKWY W #204	CAPE CORAL, FL 33914	Change				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ROBERT JARRED	1519 CAPE CORAL PKWY W #301	CAPE CORAL, FL 33914	Change				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ELLIOTT MILES	1519 CAPE CORAL PKWY W #307	CAPE CORAL, FL 33914	Change				<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 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, with all other lines empowered.

SIGNATURE: *Chris Leetz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

941-945-0107

Daytime Phone #

0060607

CR2E037 (1-1/98)