

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90078 012 ****61.25

DOCUMENT # N01119
 1. Entity Name
THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C21 SUNBELT REALTY 615 CAPE CORAL PKWY W.
 615 CAPE CORAL PKWY W. #102 SUITE 102
 CAPE CORAL FL 33914 CAPE CORAL FL 33914-6569
 US US

2. Principal Place of Business 3. Mailing Address
CENTURY 21 SUNBELT **CENTURY 21 SUNBELT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
506 S.W. 47th Terrace **506 S.W. 47th Terrace**
 City & State City & State
Cape Coral, Fl **Cape Coral, FL**

Zip Country Zip Country
33914 **USA** **33914** **USA**

4. FEI Number Applied For
59-2428802 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZUNINO, AUGUST
CENTURY 21 SUNBELT REALTY
615 CAPE CORAL PKWY W SUITE 102
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent
 Name
AUGUST ZUNINO
 Street Address (P.O. Box Number is Not Acceptable)
CENTURY 21 SUNBELT REALTY
506 S.W. 47th Terrace
 City State Zip Code
Cape Coral, FL 33914

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE: DATE: **3-20-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEETZ, CHRISTPHER 1233 SW 53RD TERR CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JARRED, SANDY 1519 CAPE CORAL PKWY, W. #301 CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSEN, CLAYTON 1419 CAPE CORAL PKWY, W. #204 CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JARRED, ROBERT 1519 CAPE CORAL PKWY W #301 CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, ELLIOTT 1519 CAPE CORAL PKWY W #307 CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Miles, Peter 1507 W Cape Coral Pkwy #101 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	JARRED, SANDY 1519 Cape Coral Pkwy W, #301 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Duffy, Kathleen 1507 W Cape Coral Pkwy #106 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Jarred, Robert 1519 W. Cape Coral pkwy #301 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Fulmer, Ed 1519 W Cape Coral Pkwy #304 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Date: **4/24/00** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)