


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-20-2004 90004 0174 ****61.15
N01119

DOCUMENT # N01119

1. Entity Name
THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.



FILED
04 SEP 22 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**CENTURY 21 SUNBELT
506 S.W. 47TH TERRACE
CAPE CORAL, FL 33914 US**

Mailing Address
**CENTURY 21 SUNBELT
506 S.W. 47TH TERRACE
CAPE CORAL, FL 33914 US**



2. Principal Place of Business
3645 SE 8th PLACE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 151845
Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33904 Country

Zip
33915 Country

4. FEI Number
59-2428802

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZUNINO, PAULA
CENTURY 21 SUNBELT
506 S.W. 47TH TERRACE
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent
Name
PAOLA ZUNINO C/O GPM, INC

Street Address (P.O. Box Number is Not Acceptable)
3645 SE 8th PLACE

City
CAPE CORAL FL Zip Code
33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paula Zunino* **PAOLA ZUNINO CAM** DATE **8/25/04**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORTOLOTTI, BARBARA <input checked="" type="checkbox"/> Delete 1519 CAPE CORAL PKWY, W. #12 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPRINGER, MARGARET <input checked="" type="checkbox"/> Delete 1507 W CAPE CORAL PKWY #2 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALEMAN, TERESA <input checked="" type="checkbox"/> Delete 1519 W CAPE CORAL PKWY #6 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRED, SANDY <input type="checkbox"/> Delete 1519 W CAPE CORAL PKWY #1 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRED, SANDY <input checked="" type="checkbox"/> Delete 1519 W. CAPE CORAL PKWY #1 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRED, ROBERT <input type="checkbox"/> Delete 1519 W CAPE CORAL PKWY #1 CAPE CORAL, FL 33914

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAGUENE RYAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1429 Cape Coral Pkwy # 7 Cape Coral, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARRED, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1519 W. CAPE CORAL PKWY # 1 CAPE CORAL, FL 33914

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 all other like empowered.

SIGNATURE: *Sandra Jarred* **Sandra Jarred** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR