

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N08000007419

Entity Name: THE CAPE BELLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4936 VICEROY STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 100399  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASE, SUSAN M CAM  
1615 CAPE CORAL PKWY W.  
SUITE 103  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NORMORE, GARY  
Address: 4936 VICEROY ST, #7  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: LARSEN, GLORIA  
Address: 4936 VICEROY ST, #2  
City-St-Zip: CAPE CORAL, FL 33904

Title: ST ( ) Delete  
Name: LOMARDO, CARMELLA  
Address: 4936 VICEROY ST., #3  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY NORMORE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date