

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15210

FILED
Apr 24, 2009
Secretary of State

Entity Name: PATIO VILLAS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 65-0105863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN CONDOMINIUM MGMT, INC
615 CAPE CORAL PKWY W, 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: T () Delete
Name: JENKINS, JAMES
Address: 3739 SW 9TH AVE, 113
City-St-Zip: CAPE CORAL, FL 33914 `S

Title: P () Delete
Name: ESSINGTON, DEAN
Address: 14828 ASTER STREET
City-St-Zip: ALLEN PARK, MI 48101

Title: S () Delete
Name: COZAD, MARY
Address: 8308 ROSEDALE BLVD
City-St-Zip: ALLEN PARK, MI 48101

Title: VP () Delete
Name: RINNA, MILIO
Address: 9647 MELBOURNE
City-St-Zip: ALLEN PARK, MI 48101

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMUS, SANDRA
Address: 14828 ASTER STREET
City-St-Zip: ALLEN PARK, NJ 48101

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

Title: ST (X) Change () Addition
Name: COZAD, MARY
Address: 8308 ROSEDALE BLVD
City-St-Zip: ALLEN PARK, MI 48101

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

Title: D () Change (X) Addition
Name: CARONARO, THERESA
Address: 7A VIRGINIA DRIVE
City-St-Zip: WHITING, NJ 08759

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: DEAN ESSINGTON

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date