FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 17 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23653 (1)

1. Corporation Name

CORINTHIAN CONDOMINIUM ASSOCIATION OF CAPE CORAL , INC.

Principal Place of Business	Mailing Address
923 SW 8 PL. #102 CAPE CORAL FL 33991	923 SW 8 PL. #102 CAPE CORAL FL 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0103437 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Street: 923 929 S.W 8th Pl.	26 Street: 929 S.W. 8th Pl.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: #204
23 City & State: Cape Coral, FL	28 City & State: Cape Coral, FL
24 Zip: 33991 / 25 Country: USA	29 Zip: 33991 / 30 Country: USA

9. Name and Address of Current Registered Agent

MOLNAR, JOYCE E
923 SW 8 PL. #102
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name: Russell, Ellen
82 Street Address (P O Box Number is Not Acceptable): 929 S.W. 8th Pl.
83: Apt. 204
84 City: Cape Coral FL 85 Zip Code: 33991

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ellen Russell — 3-13-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	SGROI, RICHARD	12 NAME	
STREET ADDRESS	929 SW 8TH PLACE, #201	13 STREET ADDRESS	Russell, Harold 929 S.W. 8th Pl.
CITY-ST-ZIP	CAPE CORAL FL	14 CITY ST ZIP	Cape Coral, FL 33991
TITLE	ST	21 TITLE	ST/D ☒ Change ☐ Addition
NAME	MOLNAR-GERHARDT, JOYCE A.	22 NAME	
STREET ADDRESS	923 SW 8TH PLACE, #104	23 STREET ADDRESS	Russell, Ellen 929 S.W. 8th Pl.
CITY-ST-ZIP	CAPE CORAL FL	24 CITY ST ZIP	Cape Coral, FL 33991
TITLE	VP	31 TITLE	VP/D ☒ Change ☐ Addition
NAME	GERHARDT, RUDOLPH	32 NAME	
STREET ADDRESS	923 SW 8TH PLACE, #104	33 STREET ADDRESS	Sgroi, Richard 929 S.W. 8th Pl.
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP	Cape Coral, FL 33991
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	SGROI, JEANETTE	42 NAME	
STREET ADDRESS	929 SW 8TH PLACE, #201	43 STREET ADDRESS	DELETE
CITY ST ZIP	CAPE CORAL FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	MOLNAR, JOYCE	52 NAME	
STREET ADDRESS	923 SW 8TH PLACE #102	53 STREET ADDRESS	DELETE
CITY ST ZIP	CAPE CORAL FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	VAN DYKE, PETER	62 NAME	
STREET ADDRESS	931 TRASK RD.	63 STREET ADDRESS	DELETE
CITY ST ZIP	AURORA IL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: Harold Russell — 3-13-95 — 534-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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