2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90014 007 ****61.25

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1. Entity Name
CORINTHIAN CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.

44020294

Principal Place of Business	Mailing Address
923-929 SW 8TH PL # 204 CAPE CORAL, FL 33991	923-929 SW 8TH PL # 204 CAPE CORAL, FL 33991 US

03042004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0103437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTNOY, MICHAEL
929 S W 8TH PLACE
202
CAPE CORAL, FL 33991

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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 _____ DATE
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 May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	PORTNEY, MICHAEL
STREET ADDRESS	929 SW 8TH PL APT.202
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VPDT
NAME	PONDE, BERNADINE
STREET ADDRESS	923 SW 8TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	STDT
NAME	~~ADVOCI, JULIA~~ Richard SGROI
STREET ADDRESS	929 SW 8TH PL ~~#200~~ 201
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Portnoy 03-18-04 781-6042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #