2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State
05-30-2006 90039 037 ****61.25

DOCUMENT # N23653

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

40094564

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

04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

[redacted] Michael Portnoy
929 SW 8th PL
202
CAPE CORAL, FL 33991

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]

Mr. Michael Portnoy
Apt. 202
929 SW 8th Pl.
Cape Coral, FL 33991

TITLE	VPDT
NAME	[redacted] MARILYN LYNETTE
STREET ADDRESS	923 SW 8TH PL [redacted] #203
CITY-ST-ZIP	CAPE CORAL, FL 33991

TITLE	STDT
NAME	[redacted] TERESA ROBERTS
STREET ADDRESS	929 SW 8TH PLAVE #204
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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Michael Portnoy X 05-25-06 239-281-6042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #