2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-16-2007 90034 013 ****61.25

DOCUMENT # N23653

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

40060514

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

02072007 No Chg-NP CR2E037 (4/06)

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VPDT
NAME	~~PORTNOY, MARILYN~~ STEVE BALLAS
STREET ADDRESS	~~923 SW 8TH PL SUITE 206~~ 923 SW 8th PL UNIT 103
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	STDT
NAME	ROBERTS, TERESA
STREET ADDRESS	929 SW 8TH PLAVE ~~#202~~ #202
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	P
NAME	~~PORTNOY, MICHAEL MR~~ LINDA RANDOLPH
STREET ADDRESS	929 SW 8TH PL ~~APT 202~~ #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 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: Linda Randolph 4/2/07 (239)940-0662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #