

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 018 ****61.25

DOCUMENT # N23653

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



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

Mailing Address
923-929 SW 8TH PL
204
CAPE CORAL, FL 33991 US



02112008 No Chg-NP

CR2E037 (4/06)

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

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPDT
E. LINDA RANDOLPH
929 SW 8TH PL #201
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ROBERTS, TERESA
929 SW 8TH PLAVE #202
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RANDOLPH, Robert
929 SW 8TH PL #201
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Daytime Phone #