2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24950

1. Entity Name

SOUTHWEST CAPE CORAL HOMEOWNERS ASSOCIATION, INC

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90017 024 ****61.25

Principal Place of Business	Mailing Address
4518 SW 23 AVE CAPE CORAL FL 33914 US	4518 SW 23 AVE CAPE CORAL FL 33914 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICKERT, JAMES L
4518 SW 23 AVE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAPRISTO, GARY J 2214 S.W. 51ST ST. CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AL CASALE 4233 SW 23 AVENUE CAPE CORAL FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICKERT, JAMES L 4518 SW 23 AVE CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN CHAPPIE 3230 SW 27 PLACE CAPE CORAL FLORIDA.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORREAL, JEANETTE 4105 SW 27 AVE CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERT GLESSMAN 2602 EL DORADO PARKWAY CAPE CORAL FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, LYNN 4512 SW 19 PL CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARD GANTZ 3315 SW 25 PLACE CAPE CORAL FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRCAL, JOLIUS 4105 SW 27 AVE CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOWINSKI, RICHARD 2511 SW 25 LANE CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY WANDRY 5237 SW 17 AVE CAPE CORAL FL 33914	☐ Change ☒ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRE President 9-10-00 941-770-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #