

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 07, 2009
Secretary of State

DOCUMENT# N36928

Entity Name: THE CAPE AT CORAL BAY VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**8360 W OAKLAND PARK BLVD
301
FORT LAUDERDALE, FL 33351**New Principal Place of Business:**1133 S. UNIVERSITY DRIVE
211
PLANTATION, FL 33324**Current Mailing Address:**P.O. BOX 452199
FORT LAUDERDALE, FL 333452199**New Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318**FEI Number:** 65-0365553**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERRINGTON, JEFFREY
6539 LIGHTHOUSE PLACE
MARGATE, FL 33063 US**Name and Address of New Registered Agent:**VALANCY, STEVEN S PA
311 SE 13 STREET
FORT LAUDERDALE, FL 33316 US

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: STEVEN S. VALANCY, P.A.

10/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRINGTON, JEFFREY
Address: 6539 LIGHTHOUSE PLACE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: ROBINSON, KEVIN
Address: 6600 FERN ST
City-St-Zip: MARGATE, FL 33063

Title: STD () Delete
Name: GALLUCCI, RONALD
Address: 6592 BAYFRONT DR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JARRETT, WILLIAM
Address: 3110 GREEN TURTLE PLACE
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GALLUCCI, RONALD
Address: 6592 BAYFRONT DR
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD GALLUCCI

PD

10/07/2009

Electronic Signature of Signing Officer or Director

Date