2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90034 022 ***150.00

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DOCUMENT # P02000061660

1. Entity Name
CAPE COMMONS, INC.

Principal Place of Business	Mailing Address
5503 S.W. 14TH AVENUE	5503 S.W. 14TH AVENUE
CAPE CORAL FL 33914	CAPE CORAL FL 33914

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1137 GOLDEN OLIVE CT.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANIBEL ISLAND FL.	City & State
Zip: 33957 Country: U.S.A.	Zip Country

4. FEI Number 03-0454747 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHUTT, DARRIN R ESQ.	Name
1105 CAPE CORAL PARKWAY EAST	Street Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33904	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete CHANGE	TITLE	H. DURANCE LOWENDICK DIRECTOR & PRESIDENT	☒ Change ☐ Addition
NAME	LOWENDICK, H. DURANCE		NAME		
STREET ADDRESS	5503 S.W. 14TH AVENUE		STREET ADDRESS	95 HORSE RANGE PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	CLEVELAND GEORGIA 30528	
TITLE	D	☒ Delete CHANGE	TITLE	DIRECTOR - V.P. & SECRETARY	☒ Change ☐ Addition
NAME	NISWANGER, TOM		NAME	THOMAS R. NISWONGER	
STREET ADDRESS	06995 BIRDLAWN DRIVE		STREET ADDRESS	1137 GOLDEN OLIVE CT	
CITY-ST-ZIP	CHARLEVOIX MI 49720		CITY-ST-ZIP	SANIBEL ISLAND FL. 33957	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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 REQUIRED — Thomas R. Niswonger 4-18-03 239-395-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #