## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000134468

Entity Name: REALTY ASSOCIATES OF CAPE CORAL, INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1620 NW 32ND PLACE CAPE CORAL, FL 33993				1325 SE 47TH STREET C9 CAPE CORAL, FL 33904		
Current Mailing Address:				New Mailing Address:		
1620 NW 32ND PLACE CAPE CORAL, FL 33993			C9	1325 SE 47TH STREET C9 CAPE CORAL, FL 33904		
FEI Number:	: 20-3627733	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name an	d Address of	New Registered Agent:	
KNOTT CO 1625 HEN	H. ANDREW E ONSOER EBE DRY STREET ERS, FL 3390	LINI ET AL. SUITE 301				
	e named entity : e of Florida.	submits this statement for the pu	urpose of changing	its registered	office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( BENDER, LESI 1620 NW 32NE CAPE CORAL,	PLACE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( BENDER, LESI 1620 NW 32NE CAPE CORAL,	PLACE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( NESTER, BARI 161 CREST DE BOYERTOWN,	RIVE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BENDER, HAR 908 MALVERN POTTSTOWN,	RY J DRIVE	Title: Name: Address: City-St-Zip:	S (X NESTER, BAR 161 CREST DI BOYERTOWN	RIVE	
Title: Name: Address: City-St-Zip:	T ( BENDER, LESI 1620 NW 32NE CAPE CORAL	PLACE	Title: Name: Address: City-St-Zin:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE R. BENDER P 04/18/2007