

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90043 013 ****61.25

DOCUMENT # 764998

1. Entity Name

CAPE GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4703 SW SANTA BARBARA PL
#9
CAPE CORAL FL 33914

Mailing Address

4703 SW SANTA BARBARA PL
#9
CAPE CORAL FL 33914



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2328593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RENALES, CHARLENE E
4703 SW SANTA BARBARA PL
#9
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. 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 \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: S ☒ Delete
NAME: HYDAR, DEBRA
STREET ADDRESS: 4641 SW SANTA BARBARA PL 3
CITY ST ZIP: CAPE CORAL FL 33914

TITLE: CPT ☐ Delete
NAME: RENALES, CHARLENE
STREET ADDRESS: 4703 SE SANTA BARBARA PL. #9
CITY ST ZIP: CAPE CORAL FL 33914

TITLE: P ☐ Delete
NAME: BARBER, CHARLES K
STREET ADDRESS: 4641 SW SANTA BARBER PL
CITY ST ZIP: CAPE CORAL FL 33914

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ~~Charles K. Barber~~
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☒ Addition
NAME: Komisar, Rebecca
STREET ADDRESS: 4641 Santa Barbara Pl #12
CITY ST ZIP: Cape Coral, FL 33914

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charlene E. Renales, Treasurer

2-7-07

239-945-3526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #