

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01119

**FILED**  
**Apr 07, 2018**  
**Secretary of State**  
**CC5580878784**

**Entity Name:** THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
4223 DEL PRADO S  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT  
PO BOX 100399  
CAPE CORAL, FL 33910 US

**FEI Number:** 59-2428802

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KASE, SUSAN M  
C/O AMERICAN CONDO MGMT  
4223 DEL PRADO S  
CAPE CORAL, FL 33904 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            RUSAK, JANICE  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            VP  
Name            REILLY, MARK  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            PRESIDENT  
Name            SLUSSER, ROBERT  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            TREASURER  
Name            SCHIFF, EDWARD  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            DIRECTOR  
Name            NEWCOMER, DAVID  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT SLUSSER

**PRESIDENT**

**04/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date