

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01119

**FILED  
Apr 05, 2017  
Secretary of State  
CC8496493518**

**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, TREASURER  
Name RUSAK, JANICE  
Address P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title VP  
Name REILLY, MARK  
Address P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT  
Name SLUSSER, ROBERT  
Address P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR  
Name SCHIFF, EDWARD  
Address C/O AMERICAN CONDO MGMT  
P.O. 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**

**04/05/2017**

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