

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506608

FILED
Feb 19, 2009
Secretary of State

Entity Name: CAPE CORAL MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:

918 SE 46TH LANE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

918 SE 46TH LANE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-1713156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, KAREN M
918 SE 46TH LANE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DUNNING, NANCY L
918 SE 46TH LANE
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: NANCY L. DUNNING

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, THOMAS J
Address: 831 CAPE CORAL PKWY EAST
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: HEISLER, DON
Address: 808 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: SE () Delete
Name: DUNN, CAROLINE
Address: 3323 N KEY DR., SUITE D-3
City-St-Zip: FT. MYERS, FL 33903

Title: PE () Delete
Name: HELLENBRAND, PAULA
Address: 4430 ORCHID BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HELLENBRAND, PAULA
Address: 4430 ORCHID BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SE (X) Change () Addition
Name: CLEAVER, BARBARA
Address: 7160 BERGAMO WAY #102
City-St-Zip: FT. MYERS, FL 33966

Title: PE (X) Change () Addition
Name: KING, MELVIN
Address: 1299 BILTMORE DR
City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify 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: NANCY L DUNNING

AE

02/19/2009

Electronic Signature of Signing Officer or Director

Date