

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 041 ****70.00

DOCUMENT # 706161 1. Entity Name CAPE CORAL CIVIC ASSOCIATION INC					
Principal Place of Business 2007 SOUTHEAST 10TH AVENUE CAPE CORAL, FL 33990 US				Mailing Address 1106 SE 37TH ST CAPE CORAL, FL 33904 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2007 SE 10TH AVE. Suite, Apt. #, etc.			
City & State Zip Country		City & State CAPE CORAL, FL. Zip Country 33990 US		4. FEI Number 54-2091719 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01022008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BUSH, LEELO 1106 SE 37TH ST CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name: RALPH LE PERA Street Address (P.O. Box Number is Not Acceptable): 2007 SE 10TH AV City: CAPE CORAL FL Zip Code: 33990		
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: <u>Rillie Hickey Treas.</u> <u>RILLIE HICKEY</u> 1-9-08 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSH, LEELO 1106 SE 37TH ST CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VACANT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILLIE, HICKEY 1201 SE 24TH STREET CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T RILLIE HICKEY 1201-SE 24TH ST CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRY, FRANK 802 SE 32ND TERR CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S FRANK PERRY 802-SE 32ND TER CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, JANE 1608 SE 28TH TERR B-29 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D JANE LONGO 1608 SE 28TH TERR B-29 CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, VITALE 5613 MERLYN LN CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D ARTHUR VITALE 5613 MERLYN LN CAPE CORAL, FL 33914		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V. RALPH LE PERA 2007-SE 10TH AVE CAPE CORAL, FL 33990		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rillie Hickey Treas</u> <u>RILLIE HICKEY</u> 1-9-08 772-5081 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					