


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90035 011 ****61.25

DOCUMENT # 714410 1. Entity Name CAPE CORAL ASSOCIATION OF REALTORS, INC.					
Principal Place of Business 918 SE 46TH LANE CAPE CORAL, FL 33904			Mailing Address 918 SE 46TH LANE CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1218870	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAREN M. MASON 918 SE 46TH LANE CAPE CORAL, FL 33904			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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 LEE, THOMAS 861 CAPE CORAL PKWY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE WHITLOCK, SCOTT 3618 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HARDWICK, JO 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE, ILAMARIE 4226 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, CATHY 4306 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISLER, DONALD 808 SE 46TH LANE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JO HARWICK 4002 DEL PRADO BLVD CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE THOMAS LEE 861 CAPE CORAL PKWY. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SCOTT-WHITLOCK 3618 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES REDECKER 4226 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Karen M. Mason Assoc. Exec 1-30-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44006390



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1218870

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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Name

Street Address (P.O. Box Number is Not Acceptable)

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Make check payable to Florida Department of State

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SIGNATURE: Karen M. Mason Assoc. Exec **1-30-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #