

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714410

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** CAPE CORAL ASSOCIATION OF REALTORS, INC.

**Current Principal Place of Business:**

918 SE 46TH LANE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

918 SE 46TH LANE  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 59-1218870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PE ( ) Delete  
Name: MILOFF, JEFF  
Address: 4707 SE 9TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: P ( ) Delete  
Name: HEISLER, DON  
Address: 808 SE 46TH LN  
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: TD ( ) Delete  
Name: LEE, THOMAS J  
Address: 831 CAPE CORAL PKWY EAST  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILOFF, JEFF  
Address: 4707 SE 9TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: PE (X) Change ( ) Addition  
Name: LEE, THOMAS J  
Address: 831 CAPE CORAL PKWY EAST  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Change ( ) Addition  
Name: DUNN, CAROLINE  
Address: 3323 N KEY DR, SUITE D-3  
City-St-Zip: FT MYERS, FL 33903

Title: SE (X) Change ( ) Addition  
Name: COUNTS, WILLIAM  
Address: 814 PINE ISLAND RD  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M. MASON

MRS

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date