

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714410

FILED
Jan 24, 2008
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:

MASON, KAREN M
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: KAREN M. MASON

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. LEE

MR

01/24/2008

Electronic Signature of Signing Officer or Director

Date