2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714410

FILED Feb 19, 2009 Secretary of State

Entity Name: CAPE CORAL ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business:

918 SE 46TH LANE CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

918 SE 46TH LANE CAPE CORAL, FL 33904

FEI Number: 59-1218870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MASON, KAREN M

918 SE 46TH LANE

918 SE 46TH LANE

918 SE 46TH LANE

CAPE CORAL, FL 33904 US 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: NANNCY L. DUNNING 02/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:LEE, THOMAS JName:HELLENBRAND, PAULAAddress:831 CAPE CORAL PKWY EASTAddress:4430 ORCHID BOULEVARDCity-St-Zip:CAPE CORAL, FL 33904City-St-Zip:CAPE CORAL, FL 33904

Title: PE () Delete Title: PE (X) Change () Addition

Name: HELLENBRAND, PAULA Name: KING, MELVIN
Address: 4430 ORCHID BOULEVARD Address: 1299 BILTMORE DR
City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FT MYERS, FL 33901

Title: TD () Delete Title: () Change () Addition

 Name:
 HEISLER, DON
 Name:

 Address:
 808 SE 46TH LANE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

 $\label{eq:title:SE} {\sf Title:SE} \qquad \qquad {\sf SE} \qquad {\sf (A) Change (A) Addition}$

 Name:
 DUNN, CAROLINE
 Name:
 CLEAVER, BARBARA

 Address:
 3323 N KEY DR, SUITE D-3
 Address:
 7160 BERGAMO WAY #102

 City-St-Zip:
 FT MYERS, FL 33903
 City-St-Zip:
 FT MYERS, FL 33966

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: NANCY L. DUNNING AE 02/19/2009