

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90052 024 ****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**

90018813



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1218870**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☒ Delete
NAME **REDECKER, JAMES**
STREET ADDRESS **DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P** ☐ Change ☒ Addition
NAME **Thomas Lee**
STREET ADDRESS **831 Cape Coral Pkwy**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **PE** ☒ Delete
NAME **LEE, THOMAS**
STREET ADDRESS **831 CAPE CORAL PKWY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SE** ☐ Change ☒ Addition
NAME **Scott Whitlock**
STREET ADDRESS **3618 Del Prado Blvd**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **TD** ☐ Delete
NAME **PIERCE, ILAMARIE**
STREET ADDRESS **4226 DEL PRADO BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PE** ☐ Change ☒ Addition
NAME **Jo Hardwick**
STREET ADDRESS **4002 Del Prado Blvd.**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **SD** ☒ Delete
NAME **MIKUSEK, KENNETH**
STREET ADDRESS **3512 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SORENSEN, CATHY**
STREET ADDRESS **4306 DEL PRADO BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HEISLER, DONALD**
STREET ADDRESS **808 SE 46TH LANE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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* **KAREN M. MASON, ASSOCIATION EXEC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

CR2E037 (10/02)