

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722292

FILED
Apr 20, 2009
Secretary of State

Entity Name: CAPE FLORIDA CLUB EAST ASSOCIATION, INC.

Current Principal Place of Business:

260 SEAVIEW DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490720
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 54-1753176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEVEZ, MICHELE
C/O MICHELE & ASSOCIATES C A M INC
800 CRANDON BLVD. 102
KEY BISCAYNE, FL 33149 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: SD () Delete
Name: MOLINARI, PAT
Address: 276 SEAVIEW DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: GUETHING, CAMILLE
Address: 260 SEAVIEW DRIVE
City-St-Zip: KEY BISCAYNE, FL

Title: PD () Delete
Name: PALK, GRACE
Address: 288 SEAVIEW DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GUETHING, CAMILLE
Address: 260 SEAVIEW DRIVE
City-St-Zip: KEY BISCAYNE, FL

Title: TD (X) Change () Addition
Name: SHELLY, JACK
Address: 288 SEAVIEW DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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: CAMILLE GUETHING

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date