

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722294

FILED
Apr 20, 2009
Secretary of State

Entity Name: CAPE SHORES ASSOCIATION, INC.

Current Principal Place of Business:

6701 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

1980 N ATLANTIC AVE
STE 701
COCOA BCH., FL 32931

New Mailing Address:

FEI Number: 59-1565761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BP DAVIS PROPERTY MANAGEMENT
1980 N ATLANTIC AVE
STE 701
COCOA BEACH, FL 32932 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: PD () Delete
Name: LARSON, PAM
Address: 150 INTREPID WAY #C
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S () Delete
Name: ROCKWELL, ROCKY
Address: 181 CAPE SHORES CIRCLE #F
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP () Delete
Name: KIRKLAND, MARY
Address: 181 CAPE SHORES CIRCLE #J
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: GIORDANO, PHILIP
Address: 230 CAPE SHORES CIRCLE #B
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T () Delete
Name: SAURER, VALERIE
Address: 291 CAPE SHORES CIR SUITE D
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: PRICE, JOHN
Address: 200 CAPE SHORES CIR, # D
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: ROCKWELL, ROCKY
Address: 181 CAPE SHORES CIRCLE #F
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD (X) Change () Addition
Name: DARNEY, WALLY
Address: 230 CAPE SHORES CIRCLE #E
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: TD (X) Change () Addition
Name: TOENJES, GARY
Address: 291 CAPE SHORES CIR #H
City-St-Zip: CAPE CANAVERAL, FL 32920

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

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: PAMELA LARSON

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date