

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724518

FILED
May 17, 2007
Secretary of State

Entity Name: CAPE FLORIDA CLUB CONDOMINIUM, PHASE II, INC.

Current Principal Place of Business:

14275 SW 142 PL
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

MMI
14275 SW 142 AVE.
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-1438911 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: TRIAY, MIGUEL
Address: 210 SEAVIEW DR., #204
City-St-Zip: KEY BISCAINE, FL 33149

Title: SD () Delete
Name: FIEUEVOA, LYDIA
Address: 210 SEAVIEW DR., #404
City-St-Zip: KEY BISCAINE, FL 33149

Title: D () Delete
Name: MARTINEZ-FONTS, PEDRO A
Address: 210 SEAVIEW DR 306
City-St-Zip: KEY BISCAINE, FL 33149

Title: VD () Delete
Name: DECORDOBA, PEDRO
Address: 210 SEAVIEW DR., #411
City-St-Zip: KEY BISCAINE, FL 33149

Title: TD () Delete
Name: OLGA, TRIAY
Address: 210 SEAVIEW DRIVE #206
City-St-Zip: KEY BISCAINE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: FIGUEROA, LYDIA
Address: 210 SEAVIEW DR., #404
City-St-Zip: KEY BISCAINE, FL 33149

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

Title: VD (X) Change () Addition
Name: TRIAY, MARIO
Address: 210 SEAVIEW DR., #512
City-St-Zip: KEY BISCAINE, FL 33149

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: MIGUEL TRIAY

PD

05/17/2007

Electronic Signature of Signing Officer or Director

Date