

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90184 017 ****61.25

DOCUMENT # 729894

1. Entity Name
CAPE FLORIDA CLUB CONDOMINIUM, PHASE III, INC.



Principal Place of Business
**242 SEAVIEW DRIVE
KEY BISCAVNE, FL 33149 US**

Mailing Address
**C/O CPM
170 OCEAN LANE DRIVE
KEY BISCAVNE, FL 33179**

40054610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1674397

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

**CERTIFIED PROPERTY MANAGEMENT CORPORATION
C/O ALBERTO COHEN
170 OCEAN LANE DRIVE
KEY BISCAVNE, FL 33149**

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

Filing Fee is \$61.25
Due by May 1, 2006

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 ☐ Delete
NAME **TD**
STREET ADDRESS **PORTELA, BEATRIZ**
CITY-ST-ZIP **236 SEAVIEW DR
KEY BISCAVNE, FL 33149**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **DURHAM, BILL**
CITY-ST-ZIP **2305 SEAVIEW DR
KEY BISCAVNE, FL 33149**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ABBO, ROBERT**
CITY-ST-ZIP **238 SEAVIEW DR
KEY BISCAVNE, FL 33149**

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

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **BASSI, LUCIA**
CITY-ST-ZIP **220 SEAVIEW DR
KEY BISCAVNE, FL 33149**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **BERLINDA BACIN**
CITY-ST-ZIP **290 SEAVIEW DR.
KEY BISCAVNE, FL 33149**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VENIZELAS, ARIETTA**
CITY-ST-ZIP **228 SEAVIEW DR.
KEY BISCAVNE, FL 33149**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] *MDT Agent* *4-11-06* *305-761-9642*