2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 729894

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

Current Principal Place of Business:

242 SEAVIEW DRIVE
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

C/O CPM
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33179

New Mailing Address:

FEI Number: 59-1674397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERTIFIED PROPERTY MANAGEMENT CORPORATION
C/O ALBERTO COHEN
170 OCEAN LANE DRIVE
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:	TD	( ) Delete
Name:	PORTELA, BEATRIZ,	
Address:	236 SEAVIEW DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	PD	( ) Delete
Name:	DURHAM, BILL	
Address:	2305 SEAVIEW DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	DVP	( ) Delete
Name:	ABBO, ROBERT	
Address:	238 SEAVIEW DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	DS	( ) Delete
Name:	BACON, BELINDA	
Address:	290 SEAVIEW DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	D	( ) Delete
Name:	BASSI, LULIA	
Address:	222 SEAVIEW DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	PORTELA, BEATRIZ	
Address:	236 SEAVIEW DR	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BASSI, LUCIA	
Address:	222 SEAVIEW DR	
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: BILL DURHAM PD 04/16/2008

Electronic Signature of Signing Officer or Director — Date