FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731803 (3)

1. Corporation Name

CAPE-GONDO CONDOMINIUMS, INC.

Principal Place of Business	Mailing Address
~~% MARQUIS MANAGEMENT COMPANY~~ ~~12501 NEW BRITTANY BLVD.~~ ~~FT MYERS FL 33907~~	~~% MARQUIS MANAGEMENT COMPANY~~ ~~12501 NEW BRITTANY BLVD.~~ ~~FT MYERS FL 33907~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1975
3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-1723307 ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2. / 2a.	c/o Professionally Yours, Inc. (21)	Professionally Yours, Inc. (26)
Suite, Apt. #, etc.	1342 SE 46th Lane #3 (22)	PO Box 831 (27)
City & State	Cape Coral, FL (23)	Cape Coral, FL (28)
Zip / Country	33904 (24) / US (25)	33910 (29) / US (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~STILPHEN, PETER~~
~~C/O MARQUIS MANAGEMENT COMPANY~~
~~12501 NEW BRITTANY BLVD~~
~~FT MYERS FL 33907~~

10. Name and Address of New Registered Agent

61 Name: Olson, Barbara
62 Street Address (P.O. Box Number is Not Acceptable): Professionally Yours, Inc.
63: 1342 SE 46th Lane, #3
64 City: Cape Coral FL 65 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara A. Olson — DATE: 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KNUTSON, LEONARD	1.2 NAME	
STREET ADDRESS	4549 SE 5TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERSEN, ROBERTA	2.2 NAME	
STREET ADDRESS	4549 SE 5TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DOROTHY	3.2 NAME	
STREET ADDRESS	4949 SE 5TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	BROSCH, YVONNE	4.2 NAME	
STREET ADDRESS	4549 SE 5TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DONOHUE, MARILYN	5.2 NAME	
STREET ADDRESS	4549 SE 5TH PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne M. Brosch — 4/12/95 — 549-9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001611B