2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State
08-18-2006 90078 003 ****61.25

DOCUMENT # 731803

1. Entity Name
CAPE-GONDO CONDOMINIUMS, INC.

50025553

Principal Place of Business	Mailing Address
4541 SE 5TH PLACE CAPE CORAL, FL 33904 US	P O BOX 151845 CAPE CORAL, FL 33915 US

2. Principal Place of Business	3. Mailing Address
AMERICAN Condo Assoc	c/o AMERICAN Condo Assoc
Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103	Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip / Country 33914 / USA	Zip / Country 33914 / USA

08102006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1723307
☐ Applied For
☐ Not Applicable

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
~~ZUNINO, PAOLA~~ ~~C/O OPM, INC~~ ~~3645 SE 8TH PLACE~~ ~~CAPE CORAL, FL 33904~~ Susan Kase C See above	Name: SUSAN Kase Street Address (P.O. Box Number is Not Acceptable): 615 Cape Coral Pkwy W STE 103 City: Cape Coral FL Zip Code: 33914

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: Susan Kase — SUSAN KASE — 8/10/06
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 September 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PIWOWARSKI, LOUIS N 4549 SE 5TH PLACE #110 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PUDWILL, SHIRLEY 4549 SE 5TH PLACE #216 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONAHUE, JOSEPH 4541 SE 5TH PLACE #107 CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sutt, Neldean J. 4541 SE 5TH PL #208 CAPE CORAL, FL 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEMIRE, ROBERT 4549 SE 5 PLACE #116 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DONAHUE, MARGARET 4549 SE 5TH PLACE #107 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Louis N Piwowarski — 8/14/06 — 239-549-9572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #