

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731803

FILED
Apr 22, 2009
Secretary of State

Entity Name: CAPE-GONDO CONDOMINIUMS, INC.

Current Principal Place of Business:

AMERICAN CONDO ASSOC.
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

AMERICAN CONDO ASSOC.
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-1723307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914 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: D () Delete
Name: HARTUNG, BEVERLY
Address: 4549 SE 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VPD () Delete
Name: PUDWILL, SHIRLEY
Address: 4549 SE 5TH PLACE #216
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: HART, JOHN
Address: 8679 S ROXBURY WAY
City-St-Zip: OAK CREEK, WI 53154 US

Title: PD () Delete
Name: LEMIRE, ROBERT
Address: 4549 SE 5 PLACE #116
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD () Delete
Name: DONAHUE, MARGARET
Address: 4549 SE 5TH PLACE #107
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT LEMIRE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date