

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/1

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90047 014 \*\*\*\*61.25

<b>DOCUMENT # 733839</b> 1. Entity Name <b>CAPE ROYAL OFFICE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1980 N. ATLANTIC AVE. #614/616 COCOA BCH FL 32931</b>			Mailing Address <b>200 N FIRST STREET COCOA BEACH FL 32931 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>52-1089416</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH FL 32931</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-stating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW, FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP DAVIS, JOANN 1980 N ATLANTIC AVE #301 COCOA BEACH FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KETCHAM, RODNEY 1980 N. ATLANTIC AVE COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>3 Claire Gambao 1980 North Atlantic Ave Cocoa Beach FL 32931</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD KABBORD, JOHN 1980 N. ATLANTIC AVE #801 COCOA BCH FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RUSSELL, RICHARD 1980 N ATLANTIC AVE COCOA BCH FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BURKE, WILLIAM 1980 NORTH ATLANTIC AVENUE COCOA BEACH FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Claire Gambao</b> <span style="float: right;">3-3-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Date</span> <span>Daytime Phone #</span> </div>					





ATTACHMENT

66004202

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

CAPE ROYAL OFFICE CONDOMINIUM ASSOCIATION, INC.  
200 N FIRST STREET  
COCOA BEACH, FL 32931 US

Subject: CAPE ROYAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Reference Number:

733839

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION