


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 039 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # 741576 1. Entity Name CAPE CORAL CARISSA CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5111 SANTA ROSA COURT CAPE CORAL, FL 33904 | | | Mailing Address 5111 SANTA ROSA COURT CAPE CORAL, FL 33904 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1926209 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ. BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE STE 100 FORT MYERS, FL 33912 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | 1V HICKS, ROBERT 5111 SANTA ROSA COURT #2-D CAPE CORAL, FL 33904 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2V HUNT, R L 5111 SANTA ROSA COURT #1-A CAPE CORAL, FL 33904 | <input checked="" 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 | T KALPIN, BARBARA 5111 SANTA ROSA CT, # 1C CAPE CORAL, FL 33904 | <input checked="" 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 | D GILL, JAMES 5111 SANTA ROSA CT, # 1E CAPE CORAL, FL 33904 | <input checked="" 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 | D KEYAK, JOSEPH 5111 SANTA ROSA COURT #2-A CAPE CORAL, FL 33904 | <input checked="" 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 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: <i>Robert T. Hicks</i> | | | 2/20/07 239-540-9639 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

ATTACHMENT

60022686
741576

CAPE CORAL CARISSA CONDOMINIUM ASSOCIATION, INC.

"A housing community for persons 55 years of age or older as authorized by HOPA"

February 5, 2007

2007 Officers and Directors for Cape Coral Carissa Condominium Association, Inc.

| | |
|--------------------------------|---|
| President | Bob Hicks 5111 Santa Rosa Ct, #2D Cape Coral, Fl 33904 239-540-9639 |
| Vice President | Jim Gill 5111 Santa Rosa Ct, #1E Cape Coral, Fl 33904 239-542-4609 |
| 2 nd Vice President | Dr. Romulo Bernal 5105 Santa Rosa Ct., #2C Cape Coral, Fl 33904 239-549-1633 |
| Treasurer | Barb Kalpin 5111 Santa Rosa Ct., #1C Cape Coral, Fl 33904 239-945-7624 |
| Asst. Treasurer | Mary Manvell 5111 Santa Rosa Ct., #1D Cape Coral, Fl 33904 239-549-7596 |