## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



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DOCUMENT # 741576  1. Entity Name CAPE CORAL CARISSA CONDOMINIUM ASSOCIATION, INC.					03-13-2008 90024 006 ****61.25							
Principal Place of Business 5111 SANTA ROSA COURT CAPE CORAL, FL 33904  Mailing Address 5111 SANTA ROSA COURT CAPE CORAL, FL 33904  CAPE CORAL, FL 33904					Tamaman Anna	N 1984 BIN 1884 B	YN BIRN OITH OIT	N RIBO SIBO SIBO	TINNI BE 1891			
2. Principal P	3. Mailing Address	Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01082008 (	thg-NP	CR2E03	7 (12/06)				
City & State		City & State			4. FEI Number 59-19262	09			optied For ot Applicable			
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		<b>\$8.75</b> Add Fee Require				
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New	Registered A	\gent				
ADAMS, JOSEPH E ESQ.			Name		2 O Barro Nicordo e de	N-A	i-x		!			
14241 ME	R POLIAKOFF, P.A. TROPOLIS AVE STE 100		Street Address (			(P.O. Box Number is Not Acceptable)						
FORT MYERS, FL 33912			City				FL	Zip Cod	le			
8. The above pamed 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 acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with a contract of the purpose of changing its registered office or registered agent, or both, in the State of Florida.							and accept					
the obligat	ions of registered agent.		the obligations of registered agent.									
SIGNĀTURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gastered Agonal signal	ure required	when renstating)	<u></u>	DATE					
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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:** 

RODERT.

01/12/08