## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 742998**

FILED Apr 25, 2007 Secretary of State

Entity Name: THE SAND CAPER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6900 ESTERO BLVD FT MYERS BEACH, FL 33931 US **Current Mailing Address: New Mailing Address:** 15751 SAN CARLOS BLVD #8 FT MYERS, FL 33908 FEI Number: 59-1959490 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DG SUITOR & ASSOCIATES, INC. 15751 SAN CARLOS BLVD #8 FT MYERS, FL 33908 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MAETZ, GIL Name: Name: 21100 YALE ST Address: Address: City-St-Zip: ST CLAIR SHORES, MI 48081 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete GNEDAPHE, CHARENE Name: MAURO, RALPH Name: Address: 1004 MERRY LANE Address: 130 TOWNSEND AVE City-St-Zip: OAK BROOK, IL 60523 City-St-Zip: PELHAM MANOR, NY 10803 Title: () Delete Title: (X) Change ( ) Addition STOLTENBERG, THOMAS STOLTENBERG, THOMAS Name: Name: 4512 MOHAWK CT Address: Address: 6900 ESTERO BLVD #706 City-St-Zip: GREEN BAY, WI 54313 City-St-Zip: FT MYERS BEACH, FL 33931 Title: S/T ( ) Delete Title: D (X) Change ( ) Addition Name: EVANS, NANCY Name: HUNT. JIM 6900 ESTERO BLVD #301 7701 CHUMANI LANE Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: CINCINNATI, OH 45243 Title: () Delete Title: (X) Change ( ) Addition BUCKMINSTER, MARY BUCKMINSTER, MARY Name: Name: 4095 RIVER RD 4095 RIVER RD Address: Address: City-St-Zip: WISCONSIN DELLS, WI 53965 City-St-Zip: WISCONSIN DELLS, WI 53965

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: GIL MARTZ P 04/25/2007