## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742998** 

FILED Feb 18, 2011 Secretary of State

Entity Name: THE SAND CAPER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% BENSONS, INC. 27180 BAY LANDING DR

12650 WHITÉHALL DR. SUITE 4

FT. MYERS, FL 33907 US BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

% BENSONS, INC. 27180 BAY LANDING DR

12650 WHITEHALL DR. SUITE 4

FT. MYERS, FL 33907 US BONITA SPRINGS, FL 34135 US

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:

BENSON'S, INC. STERLING PROPERTY SERVICES 12650 WHITEHALL DR 27180 BAY LANDING DR

FORT MYERS, FL 33907 US SUITE 4

BONITA SPRINGS, FL 34135 US

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: JOHN O'GORMAN 02/18/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

 Name:
 CHESANEK, PATRICIA

 Address:
 6900 ESTERO BLVD #305

 City-St-Zip:
 FORT MYERS BEACH, FL 33931

Title: VP

 Name:
 ROBINSON, PATRICIA

 Address:
 6900 ESTERO BLVD #107

 City-St-Zip:
 FORT MYERS BEACH, FL 33931

Title: DT

 Name:
 DRURY, ROBERT

 Address:
 6900 ESTERO BLVD #304

 City-St-Zip:
 FORT MYERS BEACH, FL 33931

Title: DS

Name: HUNT, JAMES

Address: 6900 ESTERO BLVD #106 City-St-Zip: FORT MYERS BEACH, FL 33931

Title:

 Name:
 DEDUMETS, PAUL

 Address:
 6900 ESTERO BLVD #309

 City-St-Zip:
 FORT MYERS BEACH, FL 33931

Title: [

Name: COYNE, JANICE

Address: 6900 ESTERO BLVD #204
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA CHESANEK DP 02/18/2011