

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # 743479

1. Entity Name
**CAPE CORAL VILLAS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**3702 S.E. 12TH AVENUE
CAPE CORAL, FL 33904**

Mailing Address

**3702 S.E. 12TH AVENUE
CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



02062005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0418760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEECHER, MARILYN
3702 SE 12TH AVE
#2A
CAPE CORAL, FL 33904**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000222617
02/10/05-90009-009 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BESKE, DONALD
STREET ADDRESS 3702 SE 12TH AVE #1B
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VD
NAME HANKS, JACK
STREET ADDRESS 3702 SE 12TH AVE 1E
CITY-ST-ZIP CAPE CORAL, FL

TITLE S
NAME BESKE, DONNA
STREET ADDRESS 3702 S E 12TH AVE #1B
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE TT
NAME BEECHER, MARILYN
STREET ADDRESS 3702 SE 12TH AVE #2A
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #