



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 048 ****61.25

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		
2. Principal Place of Business <i>8/0 American Condo Hgmt, Inc.</i>		3. Mailing Address <i>8/0 American Condo Hgmt, Inc.</i>			
Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103		Suite, Apt. #, etc. P.O. Box 10039		03012006 Chg-NP CR2E037 (11/05)	
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 65-0418760	
Zip 33914		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEECHER, MARILYN 3702 SE 12TH AVE #2A CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name SUSAN KASE Street Address (P.O. Box Number is Not Acceptable) 615 CAPE CORAL PKWY W #103 CAPE CORAL FL City FL Zip Code 33914		
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 <i>Susan Kase</i> <i>Susan Kase</i> 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD BESKE, DONALD 3702 SE 12TH AVE #1B CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shirley Blessing 3702 SE 12TH AVE #1E CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKS, JACK 3702 SE 12TH AVE 1E CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Don Thomas 3702 SE 12th Ave #2B CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BESKE, DONNA 3702 SE 12TH AVE #1B CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BEECHER, MARILYN 3702 SE 12TH AVE #2A CAPE CORAL, FL 33904	<input 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>Don Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	