


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90018 043 ****61.25

DOCUMENT # 744955 1. Entity Name CAPE COLONY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3645 SE 8TH PL CAPE CORAL, FL 33904 US	Mailing Address C/O PROFESSIONALLY YOURS P.O. BOX 100831 CAPE CORAL, FL 33910 US
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40115958



2. Principal Place of Business - No P.O. Box # 40 GPM Suite, Apt. #, etc. 2799 DEL PRADO BLVD City & State CAPE CORAL, FL Zip 33903 Country USA	3. Mailing Address 40 GPM Suite, Apt. #, etc. P.O. Box 151845 City & State CAPE CORAL Zip 33903 Country USA
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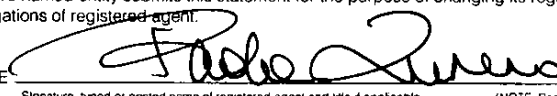
04192007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent ZUNINO, PAOLA C/O GPM 3645 SE 8TH PL CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name C/O GPM Street Address (P.O. Box Number is Not Acceptable) 2799 DEL PRADO BLVD City CAPE CORAL FL Zip Code 33915
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4. FEI Number
59-1900844
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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:  5/8/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STENGER, DORIS 4020 CORONADO PKWY., #266 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. VICKIE BAGSHAW 5 Mainsail Dr. HAMPTON, VA 23664 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASTERS, AUDREY 4000 CORONADO PKWY #103 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - D AUDREY MASTERS 4000 CORONADO PKWY #103 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSHAW, KEN 4000 CONMADO PKWY., #105 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIALABBA, LARRY 4002 CORNADO PKWY., #203 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
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:  5-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #