

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

<b>DOCUMENT # 744985 (3)</b> 1. Corporation Name <b>CAPE MATES, INC.</b>
--



Principal Place of Business <b>917 SE 47TH TERR CAPE CORAL FL 33904</b>	Mailing Address <b>917 SE 47TH TERR CAPE CORAL FL 33904</b>
--	--

3. Date Incorporated or Qualified <b>11/16/1978</b>	
4. FEI Number <b>59-1873874</b>	Applied For Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>DELORENZO, THELMA 240 SE 6 ST CAPE CORAL FL 33990</b>
---

10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P DELORENZO, THELMA</b>
STREET ADDRESS	<b>240 SE 6ST</b>
CITY - ST - ZIP	<b>CAPE CORAL FL 33990</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP MATLACK, TREMA</b>
STREET ADDRESS	<b>629 SW 22ND ST</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S GARMON, JODY</b>
STREET ADDRESS	<b>2744 SW 28TH PL</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T MEYER, HELEN</b>
STREET ADDRESS	<b>25270 ROLAND LANE</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D KENNEKE, JOAN</b>
STREET ADDRESS	<b>841 MONTICELLO CT.</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D KEIL, JANE</b>
STREET ADDRESS	<b>2300 S.W. 39TH TERRACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>P</b>
1.2 NAME	<b>MATLACK, TREMA</b>
1.3 STREET ADDRESS	<b>629 SW 22ND ST</b>
1.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33991</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP MEYER, HELEN</b>
2.3 STREET ADDRESS	<b>25270 ROLAND LANE</b>
2.4 CITY - ST - ZIP	<b>PUNTA GORDA FL 33955</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S SERVATI, MARYANN</b>
3.3 STREET ADDRESS	<b>1323 SE 23RD AVE.</b>
3.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33990</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T KEIL, JANE</b>
4.3 STREET ADDRESS	<b>2300 SW 39TH TERR</b>
4.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33914</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D DELORENZO, THELMA</b>
6.3 STREET ADDRESS	<b>240 SE 6 ST</b>
6.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33990</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Meyer **HELEN MEYER** 3-6-98 941-575-7860

CR2E037 (10/97)