

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90013 010 ****61.25

DOCUMENT # 744985

1. Entity Name
CAPE MATES, INC.



Principal Place of Business
**917 SE 47TH TERR
CAPE CORAL, FL 33904**

Mailing Address
**917 SE 47TH TERR
CAPE CORAL, FL 33904**

54016491



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1873874

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, HELEN
25270 ROLAND LN
PUNTA GORDA, FL 33955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **HELEN MEYER**

Helen Meyer

3-6-04

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 VP
NAME HELEN, MEYER
STREET ADDRESS 25270 ROLAND LANE
CITY-ST-ZIP PUNTA GORDA, FL 33955 ☐ Delete

TITLE P
NAME **LeMonde, Emma**
STREET ADDRESS **1929 SE 5TH PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990** ☒ Change ☐ Addition

TITLE P
NAME WAY, ETHEL
STREET ADDRESS 1929 SE 5TH PL
CITY-ST-ZIP CAPE CORAL, FL 33990 ☐ Delete

TITLE VP
NAME **BATTISTINI, MARYLOU**
STREET ADDRESS **3917 SE 1ST AVENUE**
CITY-ST-ZIP **CAPE CORAL, FL 33904** ☒ Change ☐ Addition

TITLE D
NAME POLVERARI, JUDY
STREET ADDRESS 1502 S.E. ELLA PL.
CITY-ST-ZIP CAPE CORAL, FL 33990 ☐ Delete

TITLE D
NAME **KEIL, JANE**
STREET ADDRESS **2300 SW 39TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33914** ☒ Change ☐ Addition

TITLE D
NAME GAMAUF, GRACE
STREET ADDRESS 2029 E. 27 TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE D
NAME **MATLACK, TREMA**
STREET ADDRESS **629 SW 22ND STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33991** ☒ Change ☐ Addition

TITLE T
NAME LEMONDE, EMMA
STREET ADDRESS 1929 SE 5TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33990 ☐ Delete

TITLE T
NAME **COOK, MARY T**
STREET ADDRESS **1141 SW 44TH STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33914** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T, ASS'T
NAME **MEYER, HELEN**
STREET ADDRESS **25270 ROLAND LN**
CITY-ST-ZIP **PUNTA GORDA, FL 33955** ☒ Change ☐ Addition

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: *Helen Meyer* **HELEN MEYER**

3-6-04

941-575-7860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #