

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744985

FILED
Apr 29, 2009
Secretary of State

Entity Name: CAPE MATES, INC.

Current Principal Place of Business:

917 SE 47TH TERR
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

917 SE 47TH TERR
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-1873874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN SLETT, ELAINE M
2518 SW 26TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMONDE, EMMA
Address: 19285 E 5TH PL
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: PATTISTINI, MARY L
Address: 3917 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: GARMON, JODY
Address: 2744 SW 28TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: VAN SLETT, ELAINE M
Address: 2518 SW 26TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: MEYER, HELEN
Address: 25270 ROLAND LN
City-St-Zip: PUNTA GORDA, FL 33955

Title: TAT () Delete
Name: KEIL, JANE
Address: 2302 SW 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BATTISTINI, MARY L
Address: 3917 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TAT (X) Change () Addition
Name: KEIL, JANE
Address: 2300 SW 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE M. VAN SLETT

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date