2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005
Secretary of State

DOCUMENT# 745087

Entity Name: CANE PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

600 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

600 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 59-1859043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COUNSELL, JAN MANAGER
14917 AMERICAN EAGLE CT.
FORT MYERS, FL 33912 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: T ( ) Delete
Name: MCNEELEY, BERNARD
Address: P O BOX 212 N/A
City-St-Zip: CHILLICOTHE, OH

Title: SD ( ) Delete
Name: HARMS, EUGENE
Address: 29945 FOXHILL RD
City-St-Zip: PERRYSBURG, OH 43551

Title: P ( ) Delete
Name: BRUTZER, WALTER
Address: 4819 ARBUTUS LAKE
City-St-Zip: BEULAH, MI 49617

Title: D ( ) Delete
Name: STOLTZ, JAMES
Address: 548 SUMMIT
City-St-Zip: WEST BEND, WI

Title: VP ( ) Delete
Name: STOLTZ, MARY
Address: W 1276 WERNER RD
City-St-Zip: COLUMBUS, WI 53925

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change ( ) Addition
Name: HAGEN, MIKE
Address: 11 PRIDES CROSSING LANE
City-St-Zip: SAUNDERSTOWN, RI 02874

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERNARD MCNEELEY T 05/13/2005
Electronic Signature of Signing Officer or Director — Date