


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 745087 1. Entity Name CANE PALM BEACH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 600 ESTERO BLVD. FORT MYERS BEACH, FL 33931	Mailing Address 600 ESTERO BLVD. FORT MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-1859043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COUNSELL, JAN MANAGER 14917 AMERICAN EAGLE CT. FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

000000937511
05/27/08-80053-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNEELEY, BERNARD P O BOX 212 N/A CHILLICOTHE, OH 45601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARMS, EUGENE 29945 FOXHILL RD PERRYSBURG, OH 43551
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLTZ, JAMES 548 SUMMIT DRIVE WEST BEND, WI 53095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUTZER, WALTER 541 MICHIGAN AVE. #15 FRANKFORT, MI 49635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENZINK, GARY 865 ALLEN DRIVE HOLLAND, MI 49423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jan Counsell Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

239-463-3222
Daytime Phone #