2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
09 OCT 27 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745207

1. Entity Name
CAPE TOWNE CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
ATTN: TREASURER 4514 & 4516 SANTA BARBARA BLVD 3 CAPE CORAL, FL 33914	ATTN: TREASURER 4514 & 4516 SANTA BARBARA BLVD #3 CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Capetown Condo Assoc	Capetown Condo
Suite, Apt. #, etc. 4514 & 4516 Santa Barbara Blvd	Attn. Apt. #, etc. C/O Lois Lobosco 4514 Santa Barbara Blvd
City & State Cape Coral FL	Cape Coral FL
Zip 33914 Country	33914 Country

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LOBOSCO, LOIS
4516 SANTA BARBARA BLVD.
UNIT #6
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name: Lois Lobosco
Street Address (P.O. Box Number is Not Acceptable): C/O DRAMAS 3400 3rd Ave W Unit 4
City: Cape Coral FL 33914-4 Zip Code: 33914

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: Lois Lobosco 9/14/09
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50 — Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE P ☐ Delete NAME HENNESSEY, BARBARA STREET ADDRESS 4514 SANTA BARBARA B VD UNIT 5 CITY-ST-ZIP CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300159193083 ☐ Change ☐ Addition 09/18/09--01032--011 **21.25
TITLE VD ☐ Delete NAME LOBOSCO, LOIS 3400 3rd Ave STREET ADDRESS ~~8863 251ST STREET~~ Cape Coral FL 33914 CITY-ST-ZIP BELLROSE, NY 114262	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 300159193083 08/03/09--01055--023 **267.50
TITLE STD ☐ Delete NAME LOBOSCO, ROBERT STREET ADDRESS 4514 SANTA BARBARA BL D., #4 CITY-ST-ZIP CAPE CORAL, FL 33914	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 300159193083 08/03/09--01055--024 **8.75
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 300159193083 09/18/09--01032--012 **8.75
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 10/27

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 changed, or on an attachment with an addre with all other like empowered.

SIGNATURE: Lois Lobosco Cape Towne Condo Assoc Date
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

check # 1795 $267.50 check # 11801 $8
1803 $21