2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# 752264

Entity Name: CAPE CORAL BMX ASSOCIATION, INC.

Current Principal Place of Business:

1410 SW 6TH PLACE
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151421
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 65-0134898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEANS, WAYNE
1902 FLAMINGO DR
N FT MYERS, FL 33917 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
Name: RAYMOND, SCOTT
Address: TAMIAMI COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: RIEGER, PAUL
Address: 1805 SW 21 STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: S
Name: BAKER, BERNICE
Address: 1704 SW 10 AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: S
Name: ANN, WELLS
Address: PO BOX 1582
City-St-Zip: CAPE CORAL, FL 33915

Title: T
Name: MATTHEWS, SHERRI
Address: 2303 SW 45 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: V
Name: CURRIE, SHERRY
Address: 2824 NE 5 PLACE
City-St-Zip: CAPE CORAL, FL 33909

I hereby 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 all other like empowered.

SIGNATURE: SHERRI MATTHEWS TREA 03/15/2011

Electronic Signature of Signing Officer or Director — Date