

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90200 003 ****61.25

DOCUMENT # 754583

1. Entity Name
DRIFTWOOD CONDOMINIUM OF CAPE CORAL, INC.



Principal Place of Business
**909 SE 47TH TERR., #105
CAPE CORAL, FL 33904**

Mailing Address
**PO BOX 100399
CAPE CORAL, FL 33904**



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2194122

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KASE, SUSAN
C/O AMERICAN CONDOMINIUM MGMT.
909 SE 47TH TERR., #105
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
RICHARDSON, NANCY
3612 SE 12TH AVE., #4
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BROWN, DWAYNE
3612 SE 12TH AVE. #6
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SHUB, JACK
3612 SE 12TH AVE #5
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #