


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90154 037 ****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	
2. Principal Place of Business <i>40 American Condo Mgmt</i>		3. Mailing Address <i>40 American Condo Mgmt</i>	
Suite, Apt. #, etc. <i>615 Cape Coral Pkwy W #103</i>		Suite, Apt. #, etc. <i>P.O. Box 100399</i>	
City & State <i>Cape Coral, FL</i>		City & State <i>Cape Coral, FL</i>	
Zip <i>33914</i>		Zip <i>33914</i>	
Country 		Country 	
4. FEI Number 59-2194122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>615 Cape Coral Pkwy W #103</i> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARDSON, NANCY 3612 SE 12TH AVE., #4 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DWAYNE 3612 SE 12TH AVE. #6 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUB, JACK 3612 SE 12TH AVE #5 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RON RIZZO 3612 SE 12TH AVE #8 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Shelia Brown 3612 SE 12TH AVE #6 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAN Holverson 3612 SE 12TH AVE #3 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Don Rizzo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	