

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754583

FILED
Apr 29, 2008
Secretary of State

Entity Name: DRIFTWOOD CONDOMINIUM OF CAPE CORAL, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
PO BOX 100399
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2194122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914 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: VP () Delete
Name: RICHARDSON, NANCY
Address: 51 JOHNSON COVE RD
City-St-Zip: JEWETT CITY, CT 06351

Title: PD () Delete
Name: HOLVERSON, ALAN
Address: 3612 SE 12TH AVE SUITE 3
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: BROWN, SHELIA
Address: 3612 SE 12TH AVE SUITE 3
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HOLVERSON, ALAN
Address: 3612 SE 12TH AVE, # 3
City-St-Zip: CAPE CORAL, FL 33904

Title: STD (X) Change () Addition
Name: TRIAL, LORRAINE
Address: 3612 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN HOLVERSON

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date