


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90013 020 \*\*\*\*61.25

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|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # 758291</b><br>1. Entity Name<br><b>CAPE VILLANOVA CONDOMINIUM ASSOCIATION OF LEE COUNTY, INC.</b>   |   |   |  |  |   |
| Principal Place of Business<br><b>620 VICTORIA DR. #8<br/>CAPE CORAL, FL 33904</b>  |   |   | Mailing Address<br><b>620 VICTORIA DR. #8<br/>CAPE CORAL, FL 33904</b>   |   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |   |
| City & State  |   | City & State  |  |   |   |
| Zip   | Country   | Zip   | Country  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>EANS, VALERIE<br/>620 VICTORIA DR<br/>#5<br/>CAPE CORAL, FL 33904</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| Make check payable to<br><b>Florida Department of State</b>   |   |   |  |   |   |
| 10. OFFICERS AND DIRECTORS  |   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b><br><b>BOUCHARD, BERYL</b><br><b>620 VICTORIA DR #7</b><br><b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD</b><br><b>FAHS, VALERIE</b><br><b>620 VICTORIA DR #5</b><br><b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete     |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>FAHS, HAROLD</b><br><b>620 VICTORIA DR. #5</b><br><b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete     |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DV</b><br><b>BUECKERT, ROBERT</b><br><b>620 VICTORIA DR # 3</b><br><b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |   |   |  |   |   |
| <b>SIGNATURE: Valerie A. Fahs</b> <b>VALERIE A. FAHS</b> <b>7-9-05</b> <b>239 540-7166</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |   |