


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90145 016 \*\*\*150.00

<b>DOCUMENT # F25231</b> 1. Entity Name CAPE ATLANTIC LANDOWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business 441A SKYWAY DR UNIT #1 EDGEWATER, FL 32132 US			Mailing Address P. O. DRAWER 460 N/A PO DRAWER 460 NEW SMYRNA BCH., FL 32170 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2075418</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  POWELL, C.R. 441A SKYWAY DR UNIT #1 EDGEWATER, FL 32132				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
PC POWELL, C.R. 441A UNIT #1 SKYWAY DR EDGEWATER, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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 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 607, 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 fees empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					