

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25231

FILED
Feb 22, 2011
Secretary of State

Entity Name: CAPE ATLANTIC LANDOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

441A SKYWAY DR
UNIT #1
EDGEWATER, FL 32132 US

New Principal Place of Business:

Current Mailing Address:

P. O. DRAWER 460
NEW SMYRNA BCH., FL 32170 US

New Mailing Address:

FEI Number: 59-2075418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, C.R.
441A SKYWAY DR
UNIT #1
EDGEWATER, FL 32132 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: PC
Name: POWELL, C.R.
Address: 441A UNIT #1 SKYWAY DR
City-St-Zip: EDGEWATER, FL 32132

Title: MD
Name: ABLES, WILLIAM M JR
Address: P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD
Name: ABRAHAM, RALPH J JR
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD
Name: ACCARDI, PATRICIA M
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD
Name: ACKER, LUTHER W
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD
Name: ADAMS, ROBERT J
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C R POWELL

PC

02/22/2011

Electronic Signature of Signing Officer or Director

Date