

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00772 1. Entity Name NEIGHBORHOOD WATCH OF CAPE CORAL, INC.						FILED 04 DEC 29 PM 12:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 2004	
Principal Place of Business 815 NICHOLAS PARKWAY P. O. BOX 150027 CAPE CORAL, FL 33915-7027				Mailing Address 815 NICHOLAS PARKWAY P. O. BOX 150027 CAPE CORAL, FL 33915-7027			
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 52-1695910				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 PETROVICH, ROBERT S MAJ. 815 NICHOLAS PARKWAY PO BOX 150027 CAPE CORAL, FL 33915-3390				7. Name and Address of New Registered Agent (Same as current) Name: <u>Petrovich, Robert S. Maj.</u> Street Address (P.O. Box Number is Not Acceptable): <u>815 Nicholas Parkway</u> City: <u>CAPE CORAL</u> FL <u>33990</u>			
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.</small>				Major Robert S. Petrovich <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BRADEN, BERNICE 1730 SANDY CIR., #112 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Thomas E. Clark 608 N.W. 37th Place Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YANCHESKI BIRVTE 4220 SE 9TH AVE CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Sarah D. Penna 2013 Savona Parkway West Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NELLO, PETER 1302 SE 15 TERRACE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Bernice Braden 1730 Sandy Circle, #112 Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM BRECHT, PAUL 3323 SW 2ND LANE CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Jeanne Mann 4514 S.E. 20th Avenue Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROCOLA, JOSEPH 322 SE 17TH AVE CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bessie K 1714 S.E. 11th Avenue Cape Coral, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cynthia M. Penna 2013 Savona Parkway, West Cape Coral, FL 33914	<input checked="" 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.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Thomas E. Clark 12/9/04 (839) 283-5990			