2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00772 FILED NEIGHBORHOOD WATCH OF CAPE CORAL, INC. 08 NOV 18 AM 9: 39 SECRETARY OF STATE Principal Place of Business Mailing Address 815 NICHOLAS PARKWAY 815 NICHOLAS PARKWAY TALLAHASSEE, FLORID P. O. BOX 150027 P. O. BOX 150027 CAPE CORAL, FL 33915-7027 CAPE CORAL, FL. 33915-7027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address REMARKATEMENT Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 52-1695910 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVERLY, TOOD G AC Street Address (P.O. Box Number is Not Ad 815 NICHOLAS PARKWAY CAPE CORAL, FL 33915 City / OPAL 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. ONVELLY DEPUTY CHIE SIGNATURE 4 FILE NOW!!! FEE IS \$61.25 Make check payable to in accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. \overline{PD} PD TITLE X Detete TITLE **⊠** Addition PENNA, SARAH D NAME NAME Patricia Foote 4921 SW 20TH AVE STREET ADDRESS STREET ADDRESS 702 S E 36th Street CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-718 Cape Coral, FL 33904 SD 🔀 Delilis X Addition TITLE TILLE 25 Change Carolyn Callahan PEARCE, VIRGINIA NAME NAME 3023 S E 5th Place STREET ADDRESS 3908 SW 27TH CT. STREET ADDRESS Cape Coral, FL 33904 CITY-ST-7IP CAPE CORAL, FL 33914 CITY-ST-7IP TD ☐ Detete TITLE TTRE ☐ Chance ■ Addition DEMCZYK, RAY NAME NAME STREET ADDRESS **5428 SW 28TH PLACE** STREET ADDRESS 200138034142 CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-7IP 11/18/08--01007--006 **61 MLE Detete TITLE ■ Addition ☐ Chance TOWNSEND, JOHN NAME 1121 SW 46TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP IIILE VD ☐ Delete IIILE ☐ Chance ☐ Addition CATAPANO, ANTHONY NAME **5211 SW 28TH PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP D Delete ITILE ☐ Addition TITLE ☐ Channe TOWNSEND, LINDA NAME NAME 1121 SW 46TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33914 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 these 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 officer like empowered. Ray Demczyk Treasurer 10-31-08 239-540-9028 SIGNATURE:

SIGNING OFFICER OR DIRECTOR

UND TYPED OR PRINTED

Director

JC11/19

Daytime Phone #