

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00772

FILED
Feb 17, 2009
Secretary of State

Entity Name: NEIGHBORHOOD WATCH OF CAPE CORAL, INC.

Current Principal Place of Business:

815 NICHOLAS PARKWAY
P. O. BOX 150027
CAPE CORAL, FL 339157027

New Principal Place of Business:

Current Mailing Address:

815 NICHOLAS PARKWAY
P. O. BOX 150027
CAPE CORAL, FL 339157027

New Mailing Address:

FEI Number: 52-1695910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNELLY, BART
815 NICHOLAS PARKWAY, EAST
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

CONNELLY, BART D/CHIEF
815 NICHOLAS PARKWAY, EAST
CAPE CORAL, FL 33990 US

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: BART CONNELLY

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOOTE, PATRICIA
Address: 702 SE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: CALLAHAN, CAROLYN
Address: 3023 SE 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD () Delete
Name: DEMCZYK, RAY
Address: 5428 SW 28TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: TOWNSEND, JOHN
Address: 1121 SW 46TH ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: CATAPANO, ANTHONY
Address: 5211 SW 28TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: TOWNSEND, LINDA
Address: 1121 SW 46TH ST.
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY DEMCZYK

T-D

02/17/2009

Electronic Signature of Signing Officer or Director

Date