## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007916

Entity Name: CAPE CORAL OWNERS ASSOCIATION, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12297 HIDDEN HILLS DR 463499 SR 200

JACKSONVILLE, FL 32252 YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

12297 HIDDEN HILLS DR P O BOX 1987

JACKSONVILLE, FL 32252 YULEE, FL 32041 US

FEI Number: 59-3754159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHACTER, DAVID A POWELL, TERRELL J 1031 LA SPUE ST P O BOX 1987

JACKSONVILLE, FL 32252 US YULEE, FL 32041 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: TERRELL J POWELL 04/27/2004

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: SD ( ) Delete Title: ( ) Change( ) Addition

 Name:
 MATOVINA, GREGORY E
 Name:

 Address:
 2955 HARTLEY RD, SUITE 108
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SHACTER, DAVID A
 Name:
 SHACTER, DAVID A

 Address:
 1031 LASAUE ST
 Address:
 1031 LASAULE ST

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 FIBBE, VICKIE
 Name:
 FIBBE, VICKIE

 Address:
 1031 LASAUE ST
 Address:
 1031 LASALLE ST

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID A SHACTER PD 04/27/2004