

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90038 007 ****61.25

DOCUMENT # N01119

1. Entity Name
THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business CENTURY 21 SUNBELT 506 S.W. 47TH TERRACE CAPE CORAL FL 33914 US	Mailing Address CENTURY 21 SUNBELT 506 S.W. 47TH TERRACE CAPE CORAL FL 33914 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2428802	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ZUNINO, AUGUST CENTURY 21 SUNBELT REALTY 506 S.W. 47TH TERRACE CAPE CORAL FL 33914	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D FULLER, ED STREET ADDRESS 1519 CAPE CORAL PKWY #304 CITY-ST-ZIP CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME D BORTOLOTTI, BARBARA STREET ADDRESS 1519 W. CAPE CORAL, PKWY # 12 CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD JARRED, SANDY STREET ADDRESS 1519 CAPE CORAL PKWY, W. #301 CITY-ST-ZIP CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STD MILES, PETRA STREET ADDRESS 1507 W. CAPE CORAL PKWY # 1 CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD JARRED, ROBERT STREET ADDRESS 1519 CAPE CORAL PKWY W #301 CITY-ST-ZIP CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME VPD DUFFY, KATHLEEN STREET ADDRESS 1507 W. CAPE CORAL PKWY# 106 CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD DUFFY, KATHLEEN STREET ADDRESS 1507 W. CAPE CORAL PKWY #106 CITY-ST-ZIP CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME VPD MILES, PETER STREET ADDRESS 1507 W. CAPE CORAL PKWY #101 CITY-ST-ZIP CAPE CORAL FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD MILES, PETER STREET ADDRESS 1507 W. CAPE CORAL PKWY #101 CITY-ST-ZIP CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME D MOODY, LINDA STREET ADDRESS 1519 W. CAPE CORAL PKWY CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-24-2001** **(941) 542-5169**
Date Daytime Phone #

CR2E037 (10/00)