

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2007 8:00 am  
Secretary of State

04-30-2007 90461 018 \*\*\*61.25

<b>DOCUMENT # N01119</b> 1. Entity Name <b>THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3645 SE 8TH PLACE</b> <b>CAPE CORAL, FL 33904 US</b>			Mailing Address <b>P.O. BOX 151845</b> <b>CAPE CORAL, FL 33915</b>		
2. Principal Place of Business - No P.O. Box # <b>1507 CAPE CORAL PKWY</b>		3. Mailing Address <b>16681 MCGREGOR BLVD #104</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>F7 MYERS FN</b>		04022007 Chg-NP CR2E037 (12/06)	
City & State <b>CAPE CORAL FL</b>		City & State 		4. FEI Number <b>59-2428802</b>	
Zip <b>33914</b>		Country <b>EEC</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ZUNINO, PAULA</b> <b>G/O OPM, INC.</b> <b>3645 SE 8TH PLACE</b> <b>CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>TOP MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>16681 MCGREGOR BLVD #104</b> City <b>FT MYERS</b> <b>FL</b> Zip Code <b>33908</b>			
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 <b>Kristi Valentine - ST Top Management</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/24/07</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEARS, CHARLES</b> <b>1519 CAPE CORAL PKWY SUITE 3</b> <b>CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILES, PETER</b> <b>1507 CAPE CORAL PKWY #1</b> <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DUFFY, KATHLEEN</b> <b>1507 CAPE CORAL PKWY SUITE 6</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILES, PETRA</b> <b>1507 CAPE CORAL PKWY SUITE 1</b> <b>CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GLASS, GISELA</b> <b>1429 CAPE CORAL PKWY #5</b> <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NAYLOR, EILEEN</b> <b>1519 CAPE CORAL PKWY SUITE 9</b> <b>CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSARIO ALNISON</b> <b>1519 CAPE CORAL PKWY #12</b> <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENDEZ, ELDA</b> <b>1519 CAPE CORAL PKWY SUITE 4</b> <b>CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAUERMO, THERESA</b> <b>1519 CAPE CORAL PKWY #6</b> <b>CAPE CORAL FL 33914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:				Date <b>4-24-07</b> Daytime Phone # <b>239-466-3330</b>	