

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 040 ****61.25

DOCUMENT # N01119 1. Entity Name THE CAPE PARKWAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1527 CAPE CORAL PKWY CAPE CORAL, FL 33908 US		Mailing Address 16681 MCGREGOR BLVD 104 CAPE CORAL, FL 33908 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Rossman Prop. Mgmt.</i> Suite, Apt. #, etc. <i>1104 SE 46th Lane #2</i>	
Suite, Apt. #, etc.		City & State <i>Cape Coral, FL</i>	
City & State		4. FEI Number 59-2428802	
Zip 33904		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOP MGMT 16681 MCGREGOR BLD 104 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name <i>Michelle Rossman</i> Street Address (P.O. Box Number is Not Acceptable) <i>c/o Rossman Property Mgmt.</i> <i>1104 SE 46th Lane #2</i> City <i>Cape Coral</i> FL Zip Code <i>33904</i>	
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 <i>Michelle Rossman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>4/19/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME MILES, PETER STREET ADDRESS 1507 CAPE CORAL PKWY 1 CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE D NAME Susan Page STREET ADDRESS 1411 SE 47th St. #1 CITY-ST-ZIP Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME DUFFY, KATHLEEN STREET ADDRESS 1507 CAPE CORAL PKWY SUITE 6 CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME GISELA, GLASS STREET ADDRESS 1429 CAPE CORAL PKWY 5 CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ROSANID, ALLISON STREET ADDRESS 1519 CAPE CORAL PKWY SUITE 9 CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BALERMO, THERESA STREET ADDRESS 1519 CAPE CORAL PKWY 6 CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" 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	<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: <i>Peter Miles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/19/08</i> 239-443-1091	