


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N03000002781 1. Entity Name WEST CAPE ESTATES COMMUNITY ASSOCIATION, INC.	
--	---

Principal Place of Business 331 CAPE CORAL PARKWAY WEST UNIT C CAPE CORAL, FL 33914	Mailing Address 331 CAPE CORAL PARKWAY WEST UNIT C CAPE CORAL, FL 33914
---	---



02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1878938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PETERSON, ROBERT V
879 WEST CAPE ESTATES CIR
CAPE CORAL, FL 33993**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000654233 03/13/07-80053-017 61.25
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERSON, ROBERT V 879 WEST CAPE ESTATES CIR CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETERSON, KATHLEEN 879 WEST CAPE ESTATES CIR CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PITONI, LAWRENCE J 3065 BROCKPORT ROAD SPENCERPORT, NY 14559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Kathleen M. Peterson* **Kathleen M. Peterson** *2/27/07* *239 542 9271*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #