

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**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**



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**14-1878938** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$81.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
 NAME PETERSON, ROBERT V  
 STREET ADDRESS 879 WEST CAPE ESTATES CIR  
 CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE DS  
 NAME PETERSON, KATHLEEN  
 STREET ADDRESS 879 WEST CAPE ESTATES CIR  
 CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE DV  
 NAME PITONI, LAWRENCE J  
 STREET ADDRESS 3065 BROCKPORT ROAD  
 CITY-ST-ZIP SPENCERPORT, NY 14559

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

U00000832755  
 02/27/08-80072-010 61.25

**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 Peterson Kathleen Peterson 2/12/08 239 542 9271*