

**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)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1878938	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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	

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02/27/08-80072-010 61.25

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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*