

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002781

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: WEST CAPE ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1216 SW 4TH ST, STE 3  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

1216 SW 4TH ST  
STE 3  
CAPE CORAL, FL 33991

**Current Mailing Address:**

1216 SW 4TH ST, STE 3  
CAPE CORAL, FL 33991

**New Mailing Address:**

1216 SW 4TH ST  
STE 3  
CAPE CORAL, FL 33991

FEI Number: 14-1878938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PETERSON, ROBERT V  
Address: 879 WEST CAPE ESTATES CIR  
City-St-Zip: CAPE CORAL, FL 33993

Title: DS ( ) Delete  
Name: PETERSON, KATHLEEN  
Address: 879 WEST CAPE ESTATES CIR  
City-St-Zip: CAPE CORAL, FL 33993

Title: DV ( ) Delete  
Name: PITONI, LAWRENCE J  
Address: 3065 BROCKPORT ROAD  
City-St-Zip: SPENCERPORT, NY 14559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: PITONI, LAWRENCE J  
Address: 217 IRVING AVE  
City-St-Zip: RIDGWAY, PA 15853

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M PETERSON

DS

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date