

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 12, 2009
Secretary of State

DOCUMENT# N03000002781

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:****Current Mailing Address:**1216 SW 4TH ST
STE 3
CAPE CORAL, FL 33991**New Mailing Address:****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: 217 IRVING AVE
City-St-Zip: RIDGWAY, PA 15853**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVP (X) Change () Addition
Name: PELLERITO, PETER
Address: 819 WEST CAPE ESTATES CIR
City-St-Zip: CAPE CORAL, FL 33993**Title:** DST (X) Change () Addition
Name: THOMPSON, WILLIAM
Address: 866 WEST CAPE ESTATES CIR
City-St-Zip: CAPE CORAL, FL 33993

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: ROBERT V PETERSON

DP

06/12/2009

Electronic Signature of Signing Officer or Director_____
Date