

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002781

FILED  
Mar 20, 2012  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950

**FEI Number:** 14-1878938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, WILLIAM F  
1216 SW 4TH ST  
STE 3  
CAPE CORAL, FL 33991 US

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

STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

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: H. SHERIDAN DANKO

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MITCHELL, MICHAEL  
Address: 903 WEST CAPE ESTATES CIRCLE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP  
Name: ARNOLD, STEPHEN J  
Address: 813 WEST CAPE ESTATES CIR  
City-St-Zip: CAPE CORAL, FL 33993

Title: S/T  
Name: THOMPSON, WILLIAM  
Address: 866 WEST CAPE ESTATES CIR  
City-St-Zip: CAPE CORAL, FL 33993

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MITCHELL

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date