

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003102

FILED
Jan 20, 2007
Secretary of State

Entity Name: CAPE CORALIRISH AMERICAN CLUB, INC

Current Principal Place of Business:

1110 NE 2ND PL
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1110 NE 2ND PL
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 54-2105507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERRY, MICHAEL
1110 NE 2ND PL
CAPE CORAL, FL 33909 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: P () Delete
Name: COLPOYS, KEVIN
Address: 1110 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: T () Delete
Name: TRIMBLE, HELEN
Address: 1110 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: S () Delete
Name: O'NEIL, MARY
Address: 3536 SE 3RD AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: BURKE, SEAN
Address: 1110 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: TRIMBLE, HELEN
Address: 1945 BEACH PARKWAY #113
City-St-Zip: CAPE CORAL, FL 33904

Title: S (X) Change () Addition
Name: THORTON, BEVERLY
Address: 1383 TORREYA CIRCLE
City-St-Zip: N.FT. MYERS, FL 33917

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN COLPOYS

P

01/20/2007

Electronic Signature of Signing Officer or Director

Date