

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003679

FILED
Apr 24, 2012
Secretary of State

Entity Name: CITY OF CAPE CORAL RETIREES ASSOCIATION INC.

Current Principal Place of Business:

328 SE 34TH ST
CAPE CORAL, FL 33915

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150432
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 43-2012766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARVIS, BEVERLY
328 SE 34TH ST
CAPE CORAL, FL 33915 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
Name: WOOD, JEAN
Address: P.O. BOX 100531
City-St-Zip: CAPE CORAL, FL 33910

Title: V
Name: CLARKSON, CAROL
Address: 150 SE 12TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: JARVIS, BEVERLY
Address: P.O. BOX 150432
City-St-Zip: CAPE CORAL, FL 33915

Title: V
Name: BURNETT, JANIS
Address: 3408 SE SANTA BARBAR PL
City-St-Zip: CAPE CORAL, FL 33904

Title: S
Name: GEMMILL, MAE
Address: 2490 GREENDALE PL
City-St-Zip: CAPE CORAL, FL 33991

Title: S
Name: GIBBS, BEA
Address: 619 SW 24TH ST
City-St-Zip: CAPE CORAL, FL 33914

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: BEVERLY JARVIS

TREA

04/24/2012

Electronic Signature of Signing Officer or Director

Date