

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006215 1. Entity Name CAPE VILLAS II CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 4002 DEL PRADO BLVD S CAPE CORAL, FL 33904 US	Mailing Address 4002 DEL PRADO BLVD S CAPE CORAL, FL 33904 US
---	---



02132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8450648	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent

**SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

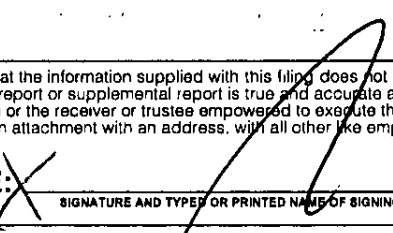
**U00000869820
04/09/08-80064-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEE, ROBERT A JR
STREET ADDRESS	2004 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	LEE, SCOTT
STREET ADDRESS	2004 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	SCHUTT, DARRIN R ESQ
STREET ADDRESS	1105 CAPE CORAL PARKWAY EAST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-08 239-274-7000