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	Mailing Address
4002 DEL PRADO BLVD S CAPE CORAL, FL 33904 US	4002 DEL PRADO BLVD S CAPE CORAL, FL 33904 US

02132008 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ 1-19-08 239-274-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #