


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90039 046 ****61.25

DOCUMENT # N04000004463	
1. Entity Name CASA DEL SOL OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914	Mailing Address 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. POB 100399	3. Mailing Address Suite, Apt. #, etc. POB 100399
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33910	Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1172906

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

6. Name and Address of Current Registered Agent MIZRACHI, MIKE 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL, FL 33914	
--	--

7. Name and Address of New Registered Agent Name SUSAN KASE, CAM Street Address (P.O. Box Number is Not Acceptable) % AMERICAN CONDO MGMT 615 CAPE CORAL PKWY W. #103 City CAPE CORAL FL Zip Code 33914	
---	--

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 Susan Kase (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIZRACHI, MIKE 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS HART 1109 SE 20th Court CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIZRACHI, SHARON 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGGIE VARGAS 838 SW 4TH TERR, #A201 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SID AROTSKY 838 SW 4TH TERR #A101 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dennis Hart DENNIS HART Pres 4/19/07 239-542-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #