2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004463

Apr 27, 2009 Secretary of State

Entity Name: CASA DEL SOL OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY W, 103 CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** C/O AMERICAN CONDO MGMT P.O. BOX 100399 CAPE CORAL, FL 33910 FEI Number: 20-1172906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASE, SUSAN CAM KASE, SUSAN CAM C/O AMERICAN CONDO MGMT C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY W #103 615 CAPE CORAL PKWY W #103 CAPE CORAL, FL, FL 33914 US CAPE CORAL, FL 33914 US 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: 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HART, DENNIS Name: Name: 1109 SE 20TH COURT Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: (X) Change () Addition VARGAS, MAGGIE Name: VARGAS, MAGGIE Name: Address: 838 SW 47TH TERR #A201 Address: 838 SW 47TH TERR #A201 City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: (X) Change () Addition AROTSKY, SID MILEFF, STEVE Name: Name: 838 SW 47TH TERR #A101 834 SE 46TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: () Change (X) Addition FITZPATRICK, BRIAN Name: Name: 224 OAK PARKWAY Address: Address: City-St-Zip: City-St-Zip: DUNELLEN, NJ 08812

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS HART **PRES** 04/27/2009