

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

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90023 024 ****61.25

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1. Entity Name

CAPE VIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1311 JACKSON BLUFF ROAD
TALLAHASSEE, FL 32304 US

Mailing Address

PO BOX 20438
TALLAHASSEE, FL 32316

60024227



03042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KASPER, ROBERT
STREET ADDRESS P O BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME KASPER, JOSH
STREET ADDRESS P O BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME KASPER, ADAM
STREET ADDRESS P O BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME CONBOY, JOHN
STREET ADDRESS P O BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME BELLAMY, DAVID
STREET ADDRESS P O BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME MNOOKIN, STEPHEN
STREET ADDRESS P O BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

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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

Adam Kasper

Date

4/14/08

Daytime Phone #

850 222 9176