

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

06-27-2008 90001 026 \*\*\*\*61.25

**DOCUMENT # N05000003277**

1. Entity Name  
CAP D' ANTIBES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMiami TRAIL SUITE 200  
NAPLES, FL 34103

Mailing Address  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMiami TRAIL SUITE 200  
NAPLES, FL 34103

00007375



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06162008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
20-4614236

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J ESQ  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMiami TRAIL SUITE 200  
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 12, 2008**

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

TITLE D ☐ Delete  
NAME DINARDO, ANTHONY  
STREET ADDRESS 8156 FIDDLER'S CREEK PKWY  
CITY-ST-ZIP NAPLES, FL 34114

TITLE D ☒ Delete  
NAME KIRSTEIN, THOMAS  
STREET ADDRESS 8156 FIDDLER'S CREEK PKWY  
CITY-ST-ZIP NAPLES, FL 34114

TITLE D ☐ Delete  
NAME PARISI, JOSEPH L  
STREET ADDRESS 8156 FIDDLER'S CREEK PKWY  
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Humes, Jackie  
STREET ADDRESS 8156 Fiddler's Creek Parkway  
CITY-ST-ZIP Naples, FL 34114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Joseph Livio Parisi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joseph Livio Parisi, as Director and Not Individually

6/18/08

(239) 732-9400

Date

Daytime Phone #