

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90096 045 \*\*\*\*61.25

<b>DOCUMENT # N05000006997</b>					
<b>1. Entity Name</b> CAPE COMMONS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 912 S.E. 46TH LANE SUITE 201 CAPE CORAL, FL 33904			<b>Mailing Address</b> 912 S.E. 46TH LANE SUITE 201 CAPE CORAL, FL 33904		
<b>2. Principal Place of Business - No P.O. Box #</b> 804 NICHOLAS HWY E		<b>3. Mailing Address</b> 804 NICHOLAS HWY E			
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. 2			
<b>City &amp; State</b> CAPE CORAL FL		<b>City &amp; State</b> CAPE CORAL FL			
<b>Zip</b> 33990		<b>Country</b> USA		<b>4. FEI Number</b> 20-4057357	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SCHUTT, DARRIN R 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> POWELL, MARJORIE		<b>TITLE</b> 	<b>NAME</b> 804 NICHOLAS HWY E #2	
<b>STREET ADDRESS</b> 912 S.E. 46TH LANE, SUITE 201	<b>CITY-ST-ZIP</b> CAPE CORAL, FL 33904		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> CAPE CORAL FL 33990	
<b>TITLE</b> VD	<b>NAME</b> NISWONGER, THOMAS		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 1137 GOLDEN OLIVE COURT	<b>CITY-ST-ZIP</b> SANIBEL, FL 33957		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> STD	<b>NAME</b> HERTZ, SCOTT		<b>TITLE</b> 	<b>NAME</b> 804 NICHOLAS HWY E #2	
<b>STREET ADDRESS</b> 912 S.E. 46TH LANE, SUITE 201	<b>CITY-ST-ZIP</b> CAPE CORAL, FL 33904		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> CAPE CORAL FL 33990	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Wayne Powell MARJORIE Powell</u>				<b>239 458 8811</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	