2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

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Entity Name: CAPE COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

804 NICHOLAS PKWY E
2
CAPE CORAL, FL 33904

New Principal Place of Business:

1708 BEACH PKWY
202
CAPE CORAL, FL 33904

Current Mailing Address:

804 NICHOLAS PKWY E
2
CAPE CORAL, FL 33904

New Mailing Address:

1708 BEACH PKWY
202
CAPE CORAL, FL 33904

FEI Number: 20-4057357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POWELL, MARJORIE
Address: 804 NICHOLAS PKWY E #2
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete
Name: NISWONGER, THOMAS
Address: 1137 GOLDEN OLIVE COURT
City-St-Zip: SANIBEL, FL 33957

Title: STD ( ) Delete
Name: HERTZ, SCOTT
Address: 804 NICHOLAS PKWY E #2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POWELL, MARJORIE
Address: 1708 BEACH PARKWAY #202
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: HERTZ, SCOTT
Address: 403 SW 49 LN
City-St-Zip: CAPE CORAL, FL 33914

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: MARJORIE POWELL PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date