

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010019

FILED
Apr 16, 2007
Secretary of State

Entity Name: SOUTH CAPE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1613 ORCHID BLVD, #204
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1613 ORCHID BLVD, #204
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-3459990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBGOTT, JEANNIE A
17070 COLLINS AVE., SUITE 256
SUNNY ISLES BCH, FL 33160 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: PDS () Delete
Name: HAIR, THOMAS
Address: 1613 ORCHID BLVD, #204
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SPITLER, JOHN
Address: 1613 ORCHID BLVD, #204
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: HAIR, JACQUELINE
Address: 1613 ORCHID BLVD, #204
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS HAIR

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date