

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000315

FILED
May 01, 2009
Secretary of State

Entity Name: CAPE HOMES ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1418 SW 2ND AVE
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1418 SW 2ND AVE
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 20-4918996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, YORDANIS
1418 SOUTHWEST 2ND AVE.
CAPE CORAL, FL 33991 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: YORDANIS MARTIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTV () Delete
Name: MARTIN, YORDANIS
Address: 1418 SOUTHWEST 2ND AVE.
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: MARTIN, YORDANIS
Address: 1418 SOUTHWEST 2ND AVE.
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: NIEBLAS, ORESTES
Address: 233 SOUTHEAST 1ST STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: MUNOZ, ALEXIS
Address: 1418 SOUTHWEST 2ND AVE.
City-St-Zip: CAPE CORAL, FL 33991

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:

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

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: YORDANIS MARTIN

PSTV

05/01/2009

Electronic Signature of Signing Officer or Director

Date