


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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| DOCUMENT # N06000003623 | |  |
| 1. Entity Name ACAPULCO PLACE CONDOMINIUM ASSOCIATION, INC. | | |
| Principal Place of Business C/O KABAR GROUP 900 WEST MARION AVENUE PUNTA GORDA, FL 33950 | | Mailing Address C/O KABAR GROUP 900 WEST MARION AVENUE PUNTA GORDA, FL 33950 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent LOMBARDI, VINCENZO C/O KABAR GROUP L.L.C. 900 WEST MARION AVENUE PUNTA GORDA, FL 33950 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE | DP | |
| NAME | LOMBARDI, VINCENZO | |
| STREET ADDRESS | 900 WEST MARION AVENUE | |
| CITY-ST-ZIP | PUNTA GORDA, FL 33950 | |
| TITLE | DS | |
| NAME | ALBACETE, ALFONSO | |
| STREET ADDRESS | 1625 NORTH COMMERCE PKWY SUITE 315 | |
| CITY-ST-ZIP | WESTON, FL 33326 | |
| TITLE | DT | |
| NAME | MARTINEZ, CIRO | |
| STREET ADDRESS | 1625 NORTH COMMERCE PKWY SUITE 315 | |
| CITY-ST-ZIP | WESTON, FL 33326 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| 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: _____ | | Date 4/14/08 Daytime Phone # 754 389 6661 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



03182008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-8600287 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000304258

05/01/08-80005-019 61.25