

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

04-26-2007 90223 031 ****61.25

DOCUMENT # N06000009601 1. Entity Name CAPE HOMES CONDOMINIUM TWO ASSOCIATION, INC.			
Principal Place of Business 4340 SHERIDAN STREET HOLLYWOOD, FL 33021		Mailing Address 4340 SHERIDAN STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 13155 SW 42 St #200		3. Mailing Address Suite, Apt. #, etc. #200	
City & State Miami, FL		City & State Miami, FL	
Zip 33175		Zip 33175	
4. FEI Number 26-0275225		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, RONALD G 4340 SHERIDAN STREET SUITE 102 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	SAN ROMAN, EDDIE		
STREET ADDRESS	13155 SW 42ND STREET, SUITE 200		
CITY - ST - ZIP	MIAMI, FL 33175		
TITLE	VPD	☐ Delete	
NAME	RODRIGUEZ, MIGUEL		
STREET ADDRESS	12861 SW 74TH STREET		
CITY - ST - ZIP	MIAMI, FL 33183		
TITLE	STD	☐ Delete	
NAME	KLEIN, RONALD G		
STREET ADDRESS	4340 SHERIDAN STREET, SUITE 102		
CITY - ST - ZIP	HOLLYWOOD, FL 33021		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
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: _____ 4-24-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			

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