2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# N06377

Entity Name: CAVENDISH SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-2787596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN M
C/O AMERICAN CONDOMINIUM MANAGEMENT
615 CAPE CORAL PARKWAY W, #103
CAPE CORAL, FL 33914 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
Name: LICITRA, ROBERT
Address: 423 CAPE CORAL PKWY, #106
City-St-Zip: CAPE CORAL, FL 33914

Title: D
Name: RODRIGUEZ, MIGDALIA
Address: 423 W. CAPE CORAL PARKWAY #206
City-St-Zip: CAPE CORAL, FL 33914

Title: VP
Name: OST, MILT
Address: 503 W CAPE CORAL PKWY #104
City-St-Zip: CAPE CORAL, FL 33914

Title: SD
Name: MACKEIGAN, LAURETTA
Address: 423 CAPE CORAL PKWY, #207
City-St-Zip: CAPE CORAL, FL 33914

Title: TD
Name: WILSON, MARYANN
Address: 503 CAPE CORAL PKWY W# 203
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: ROBERT LICITRA PRES 04/19/2011

Electronic Signature of Signing Officer or Director — Date