2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06377

FILED Apr 26, 2012 Secretary of State

Entity Name: CAVENDISH SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KASE, SUSAN M C/O AMERICAN CONDOMINIUM MANAGEMENT 615 CAPE CORAL PARKWAY W, #103 CAPE CORAL, FL 33914 US

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: MILT OST VP 04/26/2012