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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06995** (7)
1. Corporation Name
THE CAPE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3979 CAPE HAZE DR ROTONDA WEST FL 33947 US	Mailing Address P. O. BOX 800 PLACIDA FL 33946-0800 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1985	3a. Date of Last Report 04/09/1996
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-2648880	Applied For ☐ Not Applicable
25	26	27	28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WYATT, P. 3979 CAPE HAZE DR. #1 ROTONDA WEST FL 33947		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD WYATT, P. 3979 CAPE HAZE DR. #1 ROTONDA WEST FL	1.1 TITLE	TD Marion York 3979 Cape Haze Drive #11 Rotonda West, FL
NAME	PD BULWAN, ALLEN 281 ANNAPOLIS LANE ROTONDA WEST FL	1.2 NAME	
STREET ADDRESS	VD SUSAN SYLVIA 9 ARNOLD STREET N DARTMOUTH MA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	VSD
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: O. Allen Bulwan **O. ALLEN BULWAN PRESIDENT** 3-17-97 941-697-5392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)