

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06995

1. Entity Name

THE CAPE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90073 014 ****61.25

Principal Place of Business

Mailing Address

3979 CAPE HAZE DR
ROTONDA WEST FL 33947
US

P O BOX 216
ENGLEWOOD FL 34295-0216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2648880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYATT, P.
3979 CAPE HAZE DR. #1
ROTONDA WEST FL 33947

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WYATT, P.
3979 CAPE HAZE #1
ROTONDA WEST FL 33947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BULWAN, ALLEN
281 ANNAPOLIS LANE
ROTONDA WEST FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TEAGLE, DOROTHY ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SUSAN SYLVIA
3979 CAPE HAZE DR #14
ROTONDA WEST FL 33947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BENEDICT, RALPH
3979 CAPE HAZE DRIVE #6
ROTONDA WEST FL 33947 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TEAGLE DOROTHY
3979 CAPE HAZE DR #10
ROTONDA WEST FL 33947 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALTER, ADAM
3979 CAPE HAZE DRIVE #3
ROTONDA WEST FL 33947 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

CR2E037 (9/99)