2001 UNIFORM BUSINESS REPORT (UBR)

0014649

DOCUMENT # N06995

1. Entity Name

THE CAPE CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 PM 1:19

Principal Place of Business	Mailing Address
3979 CAPE HAZE DR ROTONDA WEST FL 33947 US	~~P O BOX 216~~ P.O. Box 574 ~~ENGLEWOOD FL 34295~~ Osprey, FL. US 34229

DO NOT WRITE IN THIS SPACE

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.~~ DOROTHY TEAGLE 3979 CAPE HAZE DR. #10 ROTONDA WEST FL 33947	Name DOROTHY TEAGLE Street Address (P.O. Box Number is Not Acceptable) 3979 CAPE HAZE DR #10 ~~ROTONDA, FL 33947~~ WEST City ROTONDA WEST **FL** Zip Code 33947

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 ✓ Dorothy Teagle 9-18-01

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
After September 12, 2001, min. will be $236.25

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	SD SUSAN SYLVIA 3979 CAPE HAZE DR #14 ROTONDA WEST FL 33947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004618580 -10/01/01--01081--001 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TEAGLE, DOROTHY 3979 CAPE HAZE DR #10 ROTONDA WEST FL 33947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ID Dorothy Gilchrist 3979 Cape Haze DR #12 Rotonda West, FL 33947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (5/01)

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: ✓ Dorothy Teagle 9-18-01