

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06995

1. Entity Name

THE CAPE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90070 041 ****61.25

Principal Place of Business

3979 CAPE HAZE DR
ROTONDA WEST FL 33947
US

Mailing Address

P.O. BOX 574
OSPNEY FL 34229
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 233

Suite, Apt. #, etc.

City & State

Placida Florida

Zip

33946-0233

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

TEAGLE, DOROTHY
3979 CAPE HAZE DR., #10
ROTONDA WEST FL 33947

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GILCHRIST, DOROTHY
3979 CAPE HAZE DR., #12
ROTONDA WEST FL 33947 ☐ Delete

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

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
SD
Knox, Richard
3979 Cape Haze Dr #16
Rotonda West FL 33947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
B. Bulwan
281 Annapolis Lane
Rotonda West FL 33947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
Shirk, Donald
3979 Cape Haze Dr #2
Rotonda West FL 33947 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
Shirk, D
3979 Cape Haze Dr #2
Rotonda West FL 33947 ☐ 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: B. Bulwan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 941-698-1800

Date

Daytime Phone #

CR2E037 (9/01)