2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90430 002 ****61.25

DOCUMENT # N06995

1. Entity Name
THE CAPE CONDOMINIUM ASSOCIATION, INC.

94064388

Principal Place of Business	Mailing Address
3979 CAPE HAZE DR ROTONDA WEST, FL 33947 US	PO BOX 233 PLACIDA, FL 33946-0233 US

04202004 Chg-NP CR2E037 (10/03)

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

KNOX, RICHARD
3979 CAPE HAZE DR., #16
ROTONDA WEST, FL 33947

7. Name and Address of New Registered Agent

Name SPRADTAX INC.
Street Address (P.O. Box Number is Not Acceptable)
2821 PLACIDA ROAD
City ENGLEWOOD, F **FL** Zip Code 34224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jody Anne Harvey 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BALLINGER, M 3979 CAPE HAZE DR #15 ROTONDA WEST, FL 33947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP TD AND SD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNOX, RICHARD 3979 CAPE HAZE DR #16 ROTONDA WEST, FL 33947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHIRK, D 3979 CAPE HAZE DR 2 ROTONDA WEST, FL 33947	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOREY, M P.O. BOX 314 PLACIDA, FL 33946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VPD MARTY REDOVAN 1978 GEORGIA AVENUE ENGLEWOOD, FL 34224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D CAROLYN SPRADLIN 2021 MASSACHUSSETS ENGLEWOOD FL 34224	☐ 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: MStorey MARCI STOREY 9411697 4008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #