

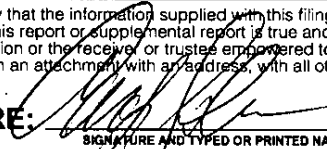


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90156 006 \*\*\*\*61.25

<b>DOCUMENT # N06995</b> 1. Entity Name <b>THE CAPE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3979 CAPE HAZE DR ROTONDA WEST, FL 33947 US</b>				Mailing Address <b>PO BOX 233 PLACIDA, FL 33946-0233 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03042006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-2648880</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SPRAOTAX INC. 2821 PLACIDA ROAD ENGLEWOOD, FL 34224</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYATT, PATRICIA 3979 CAPE HAZE DR ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDOVAN, MARTY 1978 GEORGIA AVENUE ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, DAVID 506 CENTURY OAK CT. LAKEWELL, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SRADLIN, CAROLYN 2021 MASSACHUSETTS ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR SPRADLIN, CAROLYN 2021 MASSACHUSETTS ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SYLVIA, SUSAN 9 ARNOLD ST S DARTMOUTH, MA 02746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JONES, JEREMY 3979 CAPE HAZE DRIVE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT AT ARMS O'DONNELL, FRANK 3979 CAPE HAZE DR ROTONDA WEST, FL 33947
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <b>CAROLYN SPRADLIN, Executive Director 3/6/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

901-697-4008