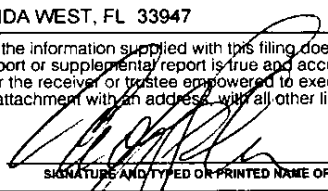


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90200 046 ****61.25

DOCUMENT # N06995 1. Entity Name THE CAPE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3979 CAPE HAZE DR ROTONDA WEST, FL 33947 US			Mailing Address PO BOX 233 PLACIDA, FL 33946-0233 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State 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 SPRAOTAX INC. 2821 PLACIDA ROAD ENGLEWOOD, FL 34224			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		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	P WYATT, PATRICIA 3979 CAPE HAZE DR ROTONDA WEST, FL 33947 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, DAVID 506 CENTURY OAK CT LAKELAND, FL 33813 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDVAN, MARTY 1978 GEORGIA AVENUE ENGLEWOOD, FL 34224 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SRADLIN, CAROLYN 2021 MASSACHUSETTS ENGLEWOOD, FL 34224 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SYLVIA, SUSAN 9 ARNOLD ST S DARTMOVTA, MA 02746 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JEREMY 3979 CAPE HAZE DR ROTONDA WEST, FL 33947 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAA O'DONNELL, FRANK 3979 CAPE HAZE DR ROTONDA WEST, FL 33947 ☐ 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 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.					
SIGNATURE:  CAROLYN SPRADLIN EXECUTIVE DIRECTOR 4/23/07 946972008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					