
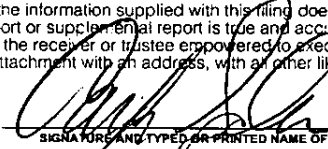


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90125 016 \*\*\*\*61.25

<b>DOCUMENT # N06995</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2648880	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPRAOTAX INC. 2821 PLACIDA ROAD ENGLEWOOD, FL 34224			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYATT, PATRICIA 3979 CAPE HAZE DR ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDOVAN, MARTY 1978 GEORGIA AVE ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIE BALLINGER 3979 CAPE HAZE DRIVE #15 ROTONDA WEST, FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SRADLIN, CAROLYN 2021 MASSACHUSETTS ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SYLVIA, SUSAN 9 ARNOLD ST S DARTMOVTA, MA 02746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JEREMY 3979 CAPE HAZE DR ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE ZIGICH 1872 CROWBROOK BLVD. WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAA O'DONNELL, FRANK 3979 CAPE HAZE DR ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> 			Carolyn Spradlin, Ex. Director 4/22/08 941-674-008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		