2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N06995

Entity Name: THE CAPE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3979 CAPE HAZE DR
ROTONDA WEST, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 233
PLACIDA, FL 339460233 US

New Mailing Address:

FEI Number: 59-2648880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRAOTAX INC.
2821 PLACIDA ROAD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WYATT, PATRICIA
Address: 3979 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: VP ( ) Delete
Name: BALLINGER, MARIE
Address: 3979 CAPE HAZE DRIVE #15
City-St-Zip: ROTONDA WEST, FL 33947

Title: ED ( ) Delete
Name: SRADLIN, CAROLYN
Address: 2021 MASSACHUSSETTS
City-St-Zip: ENGLEWOOD, FL 34224

Title: DT ( ) Delete
Name: SYLVIA, SUSAN
Address: 9 ARNOLD ST
City-St-Zip: S DARTMOVTA, MA 02746

Title: D ( ) Delete
Name: ZIGICH, STEVE
Address: 1872 CROSSROAD BLVD.
City-St-Zip: WINTER HAVEN, FL 33881

Title: SAA ( ) Delete
Name: O'DONNELL, FRANK
Address: 3979 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KNOX, DICK
Address: 3979 CAPE HAZE DRIVE #16
City-St-Zip: ROTONDA WEST, FL 33947

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: O'DONNELL, FRANK
Address: 3979 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SPRADLIN ED 04/20/2009

Electronic Signature of Signing Officer or Director — Date