2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N07000001842

Entity Name: CAPE HOMES CONDOMINIUM THREE ASSOCIATION, INC.

Current Principal Place of Business:

550 FRONTAGE ROAD
SUITE 3400
NORTHFIELD, IL 60093 US

New Principal Place of Business:

Current Mailing Address:

550 FRONTAGE ROAD
SUITE 3400
NORTHFIELD, IL 60093 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, GAREY F
FOWLER WHITE BOGGS BANKER P.A.
2235 FIRST STREET
FORT MYERS, FL 33901 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: PD ( ) Delete
Name: ZEDNIK, JOE
Address: 550 FRONTAGE ROAD, SUITE 3400
City-St-Zip: NORTHFIELD, IL 60093 US

Title: VPD ( ) Delete
Name: OYLER, JOHN
Address: 9099 SPRING MOUNTAIN WAY
City-St-Zip: FORT MYERS, FL 33908 US

Title: STD ( ) Delete
Name: OYLER, RACHEL
Address: 9099 SPRING MOUNTAIN WAY
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RACHEL OYLER STD 04/14/2009
Electronic Signature of Signing Officer or Director — Date