FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10803 (7)

1. Corporation Name

CAPE CORAL CASA BONITA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1615 S.E. 46TH LANE P.O. BOX 399 CAPE CORAL FL 33910	1615 S.E. 46TH LANE P.O. BOX 399 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1985
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0129811 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KASE, SUSAN M. 909 S.E. 47TH TERRACE SUITE 201 CAPE CORAL FL 33904	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	KLUKAS, JUNIOR	12 NAME	
STREET ADDRESS	1425 SE 28TH TERR	13 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	HOLOUBEK, JAMES	22 NAME	
STREET ADDRESS	1615 S.E. 46TH LANE #104	23 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	SCHMITZ, JAMES	32 NAME	Howard Scherman
STREET ADDRESS	407 MACK ST	33 STREET ADDRESS	1615 SE 46th Lane #208
CITY ST ZIP	JOILET IL	34 CITY ST ZIP	Cape Coral, Fl. 33904
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard W Scherman — 4/20/95 — 540 7034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HOWARD W SCHERMAN

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