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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N10803 (7)

1. Corporation Name

CAPE CORAL CASA BONITA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1615 S.E. 46TH LANE
P.O. BOX 399
CAPE CORAL FL 33910

Mailing Address

1615 S.E. 46TH LANE
P.O. BOX 399
CAPE CORAL FL 33910-0399



3. Date Incorporated or Qualified
08/21/1985

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0129811

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Susan M. Kase

SUSAN M. KASE

4/23/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME KLUKAS, JUNIOR
STREET ADDRESS 1425 SE 28TH TERR
CITY- ST- ZIP CAPE CORAL FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

TITLE DP
NAME SCHMITZ, JAMES
STREET ADDRESS 407 MACK STREET
CITY- ST- ZIP JOLIET FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

TITLE VD
NAME SOHERMAN, HOWARD
STREET ADDRESS 1615 SE 46TH LANE #205
CITY- ST- ZIP CAPE CORAL FL

DELETE

3.1 TITLE VD
3.2 NAME Dan Gullotti
3.3 STREET ADDRESS 1615 SE 46th Lane #205
3.4 CITY- ST- ZIP Cape Coral, FL 33904

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Susan M. Kase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 941.542-4404

Date Daytime Phone # 0056430

CR2E037 (9/96)