2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91216 025 ****61.25

DOCUMENT # N10803

1. Entity Name
CAPE CORAL CASA BONITA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1615 S.E. 46TH LANE CAPE CORAL, FL 33904	C/O AMERICAN CONDO MGMT P.O BOX 100399 CAPE CORAL, FL 33910

24066526

04272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0129811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KASE, SUSAN M. 909 S.E. 47TH TERRACE STE 105 CAPE CORAL, FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERILLAT, CHRIS 112 TURNBERRY CT MYRTLE BEACH, SC 29588	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHRIS MERILLAT 112 TURNBERRY CT MYRTLE BEACH, SC 29588	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, JAMES 1615 SE 46TH LN #206 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JIM WILSON 1615 SE 46th LN #206 CAPE CORAL, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WRIGHT, JOHN 1615 SE 46TH LN #101 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERILLAT, DARLA 742 BELLEFIELD RD DOWELL, MD 20629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHIL METZGER 1615 SE 46th LN, #207 CAPE CORAL, FL 33904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIMITZ, JAMES 407 MACK ST JOLIET, IL 60435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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.

SIGNATURE: Chris Merillat Chris Merillat 4/28/04 239-542-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #