

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90023 004 ****61.25

DOCUMENT # N10803

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



Principal Place of Business
3645 SE 8TH PLACE
CAPE CORAL, FL 33904

Mailing Address
P.O. BOX 151845
CAPE CORAL, FL 33910 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0129811

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ZUNINO, PAOLA
3645 SE 8TH PLACE
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

Paola Zunino
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, 2008

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 PD ☒ Delete
NAME METZGER, PHIL
STREET ADDRESS 1615 SE 46TH LN #207
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SCHMITZ, JOSEPHINE
STREET ADDRESS 407 MACK ST
CITY-ST-ZIP JOLIET, IL 60435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~STD~~ ☐ Delete
NAME MERILLAT, JOAN
STREET ADDRESS 1615 SE 46TH LN #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ~~STD~~ ☒ Change ☐ Addition
NAME MERILLAT, JOAN
STREET ADDRESS 1615 SE 46TH LN #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD ☒ Delete
NAME CHRIS MERILLAT
STREET ADDRESS 1615 SE 46TH LN #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ~~PD~~ ☐ Change ☒ Addition
NAME Chris Merillat
STREET ADDRESS 1615 SE 46TH LN #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD ☐ Delete
NAME CHRIS MERILLAT
STREET ADDRESS 1615 SE 46TH LN #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD ☐ Change ☒ Addition
NAME CHRIS MERILLAT
STREET ADDRESS 1615 SE 46TH LN #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/08

239
541-1338
Daytime Phone #