

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10803

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

3645 SE 8TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

1615 SE 46TH LN
CAPE CORAL, FL 33904

Current Mailing Address:

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

New Mailing Address:

1319 MIRAMAR ST
STE 101
CAPE CORAL, FL 33904 US

FEI Number: 65-0129811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUNINO, PAOLA
3645 SE 8TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

ZUNINO, PAOLA
1319 MIRAMAR ST
STE 101
CAPE CORAL, FL 33904 US

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: PAOLA ZUNINO

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SCHMITZ, JOSEPHINE
Address: 407 MACK ST
City-St-Zip: JOLIET, IL 60435

Title: STD () Delete
Name: MERILLAT, JOAN
Address: 1615 SE 46TH LN. #103
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: MERILLAT, CHRIS
Address: 1615 SE 46TH LN. #103
City-St-Zip: CAPE CORAL, FL 33904

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: CHRIS MERILLAT

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date