# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 05, 2003 8:00 am**
**Secretary of State**
05-05-2003 91410 018 ****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<br>CAPE CORAL FL 33910 | C/O AMERICAN CONDO MGMT<br>P.O BOX 100399<br>CAPE CORAL FL 33910 |

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 1615 SE 46th Lane | Suite, Apt. #, etc.: PO Box 100399 |
| City & State: Cape Coral FL | City & State: Cape Coral FL |
| Zip: 33904 Country: US | Zip: 33910 Country: US |

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.<br>909 S.E. 47TH TERRACE<br>SUITE 203<br>CAPE CORAL FL 33904 | Name: Susan M. Kase<br>Street Address (P.O. Box Number is Not Acceptable): C/O American Condo Mgmt<br>909 SE 47th Terrace Suite 105<br>City: Cape Coral FL Zip Code: 33904 |

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: Susan Kase SUSAN KASE 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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<br>WRIGHT, JOHN<br>1615 SE 46TH LANE #101<br>CPE CORAL FL 33904 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Chris Merillat<br>112 Turnberry Court<br>Myrtle Beach SC 29588 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHMITZ, JAMES<br>407 MACK STREET<br>JOLIET IL 60435 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>James Wilson<br>1615 SE 46th Lane #206<br>Cape Coral Fl 33904 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>GULLOTTI, DAN<br>1615 SE 46TH LANE, #05<br>CAPE CORAL FL 33904 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>John Wright<br>1615 SE 46th Lane #101<br>Cape Coral Fl 33904 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MERILLAT, CHRIS<br>1615 SE 46TH LANE, #103<br>CAPE CORAL FL 33904 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Darla Merillat<br>742 Bellefield Road<br>Dowell, MD 20629 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILSON, JAMES<br>1615 SE 46TH LANE, #206<br>CAPE CORAL FL 33904 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>James Schmitz<br>407 Mack St<br>Joliet, IL 60435 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 REQUIRED CHRIS MERILLAT 4/30/03 239-542-4404