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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21890**

1. Corporation Name

**LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORIDA, INC.**

Principal Place of Business

1638 SE 39TH TERR  
CAPE CORAL FL 33904  
US

Mailing Address

1638 SE 39TH TERR  
CAPE CORAL FL 33904  
US



2. Principal Place of Business

21 1133 SE 28th Terrace

Suite, Apt. #, etc.

22 City & State  
23 Cape Coral, Fl

Zip Country

24 33904

25 Lee

2a. Mailing Address

26 1133 SE 28th Terrace

Suite, Apt. #, etc.

27 City & State  
28 Cape Coral, FL

Zip Country

29 33904

30 Lee

3. Date Incorporated or Qualified

08/04/1987

4. FEI Number

65-5028380

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

9. Name and Address of Current Registered Agent

CATAPANO, ANTHONY  
1505 SW 47TH TERR  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

Anthony Catapano

82 Street Address (P.O. Box Number is Not Acceptable)

5211 SW 28th Place

83

84 City

Cape Coral

FL

85 Zip Code

33914

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/13/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS CATAPANO, ANTHONY  
CITY-ST-ZIP 1505 SW 47TH TERR  
CAPE CORAL FL 33914

TITLE ☐ DELETE  
NAME 1VD  
STREET ADDRESS CACCIOPPOLI, FRANK  
CITY-ST-ZIP 1505 SW 47TH TERR  
CAPE CORAL FL 33914

TITLE ☐ DELETE  
NAME 2VD  
STREET ADDRESS CACCIOPPOLI, LOUIS  
CITY-ST-ZIP 1515 SW 47TH TERR  
CAPE CORAL FL 33914

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS KOPROWSKI, ANN  
CITY-ST-ZIP 17920 ANTHELIUM LANE  
NORTH FORT MYERS FL 33917

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS POPOVICH, LOUIS  
CITY-ST-ZIP 1638 SE 39TH TERR  
CAPE CORAL FL 33904

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME PD  
1.3 STREET ADDRESS Catapano, Anthony  
1.4 CITY-ST-ZIP 5211 SW 28th Place  
Cape Coral, FL 33914

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME TD  
5.3 STREET ADDRESS Reyes, Victor  
5.4 CITY-ST-ZIP 1133 SE 28th Terrace  
Cape Coral, FL 33904

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

14. 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 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, with all other like empowered.

SIGNATURE: Anthony Catapano, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99 941-540-2360

CR2E037 (11/98)