

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 036 ****61.25

DOCUMENT # N25763

1. Entity Name
CAPE BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**AMERICAN CONDO MGMT
909 SE 47TH TERR, STE 105
CAPE CORAL, FL 33904 US**

Mailing Address
**C/O AMERICAN CONDO MANAGEMENT, INC.
P.O. BOX 100399
CAPE CORAL, FL 33910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

615 Cape Coral Pkwy W #103

Suite, Apt. #, etc.

City & State

City & State

Zip
33914

Country

Zip

Country

03012006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0123166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KASE, SUSAN
909 SE 47TH TERR
SUITE 105
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name

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

615 Cape Coral Pkwy W #103

City

FL 33914

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, 2006**

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

TITLE **STD** ☒ Delete
NAME **MORRIS, BRANT**
STREET ADDRESS **1213 SE 1ST ST**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **PD** ☐ Delete
NAME **HOFFMAN, CAROL**
STREET ADDRESS **919 SE 8TH TERRACE #1**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **VPD** ☐ Delete
NAME **WENZEL, JOANN**
STREET ADDRESS **919 SE 8TH TERR #2**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **Joni Middleton**
STREET ADDRESS **506 NW 38th PL**
CITY-ST-ZIP **CAPE CORAL, FL 33993**

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

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

Joann Wenzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

Daytime Phone #