2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25763

FILED Apr 30, 2008 Secretary of State

Entity Na	me: CAPE BR	EEZE CONDOMINIUM ASSC	OCIATION, INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
615 CAPE	N CONDO MG CORAL PKW RAL, FL 33914	/ W-103			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX		MANAGEMENT, INC.			
FEI Number	: 65-0123166	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	SAN CORAL PKW RAL, FL 33914				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () HOFFMAN, CAF 919 SE 8TH TE CAPE CORAL,	RRACE #1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () WENZEL, JOAN 919 SE 8TH TE CAPE CORAL,	RR #2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MIDDLETON, J 506 NW 38TH F CAPE CORAL,	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CAROL HOFFMAN PRES 04/30/2008