

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 25, 2009
Secretary of State

DOCUMENT# N36260

Entity Name: CAPE COURRANA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3919 S.E. 11TH PLACE
CAPE CORAL, FL 33904**New Principal Place of Business:****Current Mailing Address:**544 N.E. 108TH ST
MIAMI, FL 33161 US**New Mailing Address:****FEI Number:** 65-0245765**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZOELLER, ELIZABETH
544 NE 108TH ST
MIAMI, FL 33161 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZOELLER, ROBERT
Address: 544 N.E. 108TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D (X) Delete
Name: PERRONE, ANGIE
Address: 216 MARINERS RD.
City-St-Zip: GLOVERSVILLE, NY 12078

Title: D () Delete
Name: SIMSTAD, DAVE
Address: 3919 S.E. 11TH PLACE-UNIT 203
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: ZOELLER, ELIZABETH
Address: 544 NE 108TH ST
City-St-Zip: MIAMI, FL 33161

Title: PD (X) Delete
Name: PERRONE, WILLIAM
Address: 216 MARINER'S ROAD
City-St-Zip: GLOVERSVILLE, NY 12078

Title: VP (X) Delete
Name: BAKER, JOAN
Address: 3919 S.E. 11TH PL - UNIT 202
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/VP (X) Change () Addition
Name: ZOELLER, ROBERT
Address: 544 N.E. 108TH STREET
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/P (X) Change () Addition
Name: SIMSTAD, DAVE
Address: 3919 S.E. 11TH PLACE-UNIT 203
City-St-Zip: CAPE CORAL, FL 33904

Title: D/TS (X) Change () Addition
Name: ZOELLER, ELIZABETH
Address: 544 NE 108TH ST
City-St-Zip: MIAMI, FL 33161

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: ELIZABETH ZOELLER

D/TS

07/25/2009

Electronic Signature of Signing Officer or Director

Date