

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N37862 1. Entity Name CLUBHOUSE CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.			
Principal Place of Business C/O DENNIS CHRISTY 3817 COUNTRY CLUB BLVD., #7 CAPE CORAL, FL 33904 US		Mailing Address C/O DENNIS CHRISTY 3817 COUNTRY CLUB BLVD., #7 CAPE CORAL, FL 33904 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CHRISTY, DENNIS 3817 COUNTRY CLUB BLVD., #7 CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHALLEY, FREDERICK 3817 COUNTRY CLUB 1 CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OHEARN, CAROLE 3817 COUNTRY CLUB #10 CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTY, DENNIS 3817 COUNTRY CLUB BLVD., #7 CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPONTAK, ELMER 3817 COUNTRY CLUB # 6 CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Dennis H Christy</u> DENNIS H CHRISTY 6.30.05 239 541 1077 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0201601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/05/05-00025-003 61.25