

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N51236**  
 1. Entity Name  
 CAPE CORAL OPTIMIST FOUNDATION, INC.



Principal Place of Business  
 3501 DEL PRADO BLVD  
 #204  
 CAPE CORAL, FL 33904 US

Mailing Address  
 5306 SKYLINE BLVD  
 CAPE CORAL, FL 33914 US



01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 23-7093952

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALZMAN, HARRY B  
 5306 SKYLINE BLVD  
 CAPE CORAL, FL 33914

**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 \_\_\_\_\_  
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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALZMAN, HARRY 5306 SKYLINE BLVD. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHL, PAUL 3720 SE 17TH PL CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUGULSKI, JACK 3340 SE 22ND PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000807184  
 02/06/08-80070-021 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Harry Salzman* Harry Salzman *1/16/08* 239945-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #