

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000122

FILED
Apr 18, 2009
Secretary of State

Entity Name: CAPE CORAL SPEBSQSA INC.

Current Principal Place of Business:

10380 WHITE PALM WAY
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

10380 WHITE PALM WAY
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 65-0371703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, DAVID E
10380 WHITE PALM WAY
FORT MYERS, FL 33966 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: PRES () Delete
Name: WICKES, JOHN
Address: 4326 AVIAN AVE.
City-St-Zip: FORT MYERS, FL 33916 US

Title: SEC () Delete
Name: DIDYOUNG, JOHN
Address: 2123 SE 3RD TERR.
City-St-Zip: CAPE CORAL, FL 33990 US

Title: TREA () Delete
Name: DONALDSON, DAVID
Address: 10380 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33966 US

Title: DIR () Delete
Name: STURGEON, RICHARD
Address: 4203 BAY BEACH
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: DIR () Delete
Name: DOLINER, IRV
Address: 2090 ENBARCADERO WAY
City-St-Zip: N. FORT MYERS, FL 33917 US

Title: DIR () Delete
Name: LAVELY, CHAZZ
Address: 1911 EVEREST PKWY.
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: MASON, GEORGE
Address: 416 SW
City-St-Zip: CAPE CORAL, FL 33991 US

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

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

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: DAVID DONALDSON

TREA

04/18/2009

Electronic Signature of Signing Officer or Director

Date