
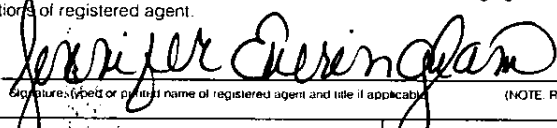
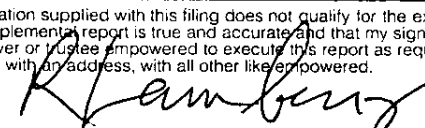


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90022 034 ****61.25

DOCUMENT # N93000001702 1. Entity Name CAPE TOWN VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US			Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0469255	
City & State Bradenton, FL		City & State Bradenton, FL		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name C&S Condominium Mgmt. Svcs., Inc.				Name C&S Condominium Mgmt. Svcs., Inc.	
Street Address (P.O. Box Number is Not Acceptable) 4301-32nd Street West				Street Address (P.O. Box Number is Not Acceptable) 4301-32nd Street West	
Suite Suite A-20				Suite Suite A-20	
City Bradenton				City Bradenton	
State FL				State FL	
Zip 34205				Zip 34205	
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 4.15.2007	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, GRAULEE		NAME	Robert Bloomberg	
STREET ADDRESS	2303 63RD STE CT W		STREET ADDRESS	2405-63rd Street Court West	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOK, MARGARET		NAME	margaret Pook	
STREET ADDRESS	2310 63RD ST CT W		STREET ADDRESS	2310-63rd Street Court West	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POMEROY, PATRICIA		NAME	Elsye Daugherty	
STREET ADDRESS	2411 63RD ST W		STREET ADDRESS	6010-23rd Avenue Drive West	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDSTROM, ROFFE		NAME	Rolfe Nordstrom	
STREET ADDRESS	2406 63RD STE W		STREET ADDRESS	2406-63rd Street West	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, Florida 34209	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, ROBERT		NAME	mike mersch	
STREET ADDRESS	2314 63RD ST CT W		STREET ADDRESS	6509-23rd Avenue Drive West	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RAY		NAME	Ray Smith	
STREET ADDRESS	2315 64TH ST W		STREET ADDRESS	2315-64th Street Court West	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					