


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 010 ****61.25

DOCUMENT # N95000003081					
1. Entity Name THE HERMITAGE AT CAPE CORAL COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1531 HERMITAGE LANE CAPE CORAL, FL 33914 US			Mailing Address 1531 HERMITAGE LANE CAPE CORAL, FL 33914 US		
2. Principal Place of Business 530 Construction Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.			
City & State Lehigh Acres, Florida		City & State Lehigh Acres, Florida		4. FEI Number 65-0653521	
Zip 33936		Country USA		Applied For Not Applicable	
Zip 33970		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH 14241 METROPOLIS AVENUE STE 100 FT MEYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME EAK, KEVIN STREET ADDRESS 1523 HERMITAGE LANE CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE PD NAME Eck, Kevin STREET ADDRESS 1523 Hermitage Lane CITY-ST-ZIP Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME CURTIS, BUD STREET ADDRESS 1511 HERMITAGE LANE CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE VPD NAME Curtis, Charles STREET ADDRESS 1511 Hermitage Lane CITY-ST-ZIP Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BOADO, EDWARD STREET ADDRESS 1518 HERMITAGE LANE CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Wingrove, Ralph STREET ADDRESS 1503 Hermitage Lane CITY-ST-ZIP Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ DATE: _____ Daytime Phone # _____					