

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 047 ****61.25

DOCUMENT # N95000003081					
1. Entity Name THE HERMITAGE AT CAPE CORAL COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 530 CONSTRUCTION LN LEHIGH ACRES, FL 33936 US			Mailing Address P.O. Box 1058 LEHIGH ACRES, FL 33970 US		
2. Principal Place of Business - No P.O. Box # 6025 Taylor Rd. Ste 2		3. Mailing Address 6025 Taylor Rd. Suite, Apt. #, etc. Suite 2			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 65-0653521	
Zip 33950		Country		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: Star Hospitality Mgmt. Street Address (P.O. Box Number is Not Acceptable): 6025 Taylor Road Ste 2 City: Punta Gorda FL Zip Code: 33950		
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: 1-16-08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DST ECK, KEVIN 1523 HERMITAGE LN CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CURTIS, CHARLES 1515 HERMITAGE LN CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUTTON, NEIL 1510 HERMITAGE LN CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Ralph Wingrove 5613 S.W. 10th Ave Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 #					