

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003081

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** THE HERMITAGE AT CAPE CORAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6025 TAYLOR RD  
STE 2  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

1500 HERMITAGE LANE  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

6025 TAYLOR RD  
STE 2  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

FEI Number: 65-0653521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MGMT  
6025 TAYLOR ROAD, STE 2  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

STAR HOSPITALITY MGMT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

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: \_\_\_\_\_

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: ECK, KEVIN  
Address: 1523 HERMITAGE LN  
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD ( ) Delete  
Name: CURTIS, CHARLES  
Address: 1515 HERMITAGE LN  
City-St-Zip: CAPE CORAL, FL 33914

Title: P ( ) Delete  
Name: WINGROVE, RALPH  
Address: 5613 SW 10TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: ECK, KEVIN  
Address: 1523 HERMITAGE LN  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change ( ) Addition  
Name: CURTIS, CHARLES  
Address: 1515 HERMITAGE LN  
City-St-Zip: CAPE CORAL, FL 33914

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: RALPH WINGROVE

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date