

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003081

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1500 HERMITAGE LANE  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**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  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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:** ST  
**Name:** CURTIS, CHARLES  
**Address:** 1515 HERMITAGE LN  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** VP  
**Name:** WINGROVE, RALPH  
**Address:** 200 FOREST RIDGE RD  
**City-St-Zip:** INDIANA, PA 15701

**Title:** P  
**Name:** VAN MINNEN, PATRICIA  
**Address:** 6954 GRANDE RIVER LINE RR#1  
**City-St-Zip:** PAIN COURT, CN N0P 1Z0

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA VAN MINNEN

P

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date