

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003721

1. Entity Name

CAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90140 034 ****61.25

Principal Place of Business

1510 SE 20TH CT
CAPE CORAL FL 33990

Mailing Address

P O BOX 744
CAPE CORAL FL 33910-0749
US

2. Principal Place of Business

3. Mailing Address

1230 CALHOUN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAHLONEGA, GA

Zip

Country

Zip

Country

30533

U.S.A

4. FEI Number

65-0600119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHLER-WOLF, CHRISTEL
1510 SE 20TH CT
CAPE CORAL FL 33990

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST.
MAHLER-WOLF, CHRISTEL
1510 SE 20TH CT
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOLF, BERND
1510 SE 20TH CT
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUTH, VERENA
1510 SE 20TH CT
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christel Mahler-Wolf CHRISTEL MAHLER-WOLF JAN 24, 2000 706-864-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #