

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003721**

1. Entity Name  
**CAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1206 SE 6TH CT  
CAPE CORAL, FL 33990**

Mailing Address  
**1206 SE 6TH CT  
CAPE CORAL, FL 33990**



01252006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROLLINGS, HARVEY  
1633 S.E. 47TH TERRACE  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000418913  
02/14/06-80027-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CIRRINCIONE, THOMAS 1320 ASINGTON CAMBS DRIVE LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CIRRINCIONE, ROSE 4656 OZANAM ROAD NORRIDGE, IL 60656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CIRRINCIONE, SALVATORE 2416 ESTES STREET ELK GROVE VILLAGE, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Thomas C. Cerrincione*  
**Thomas Cerrincione**

*Pres. 1/28/06 847-778-1350*