2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003721

FILED Apr 16, 2007 Secretary of State

Entity Name: CAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1206 SE 6TH CT CAPE CORAL, FL 33990

Current Mailing Address: New Mailing Address:

1206 SE 6TH CT
CAPE CORAL, FL 33990

C/O SILVERCRESTED MGT INC
P. O. BOX 1848
FORT MYERS, FL 33902

FEI Number: 20-3364855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROLLINGS, HARVEY

1633 S.E. 47TH TERRACE
CAPE CORAL, FL 33904 US

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
FORT MYERS, FL 33903 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: LEE J VAN TILBURG 04/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CIRRINCIONE, THOMAS
 Name:
 KHAN, JOHN

 Address:
 1320 ABINGTON CAMBS DRIVE
 Address:
 1206 SE6TH STREET #205

Address: 1320 ABINGTON CAMBS DRIVE Address: 1206 SE6TH STREET #20:
City-St-Zip: LAKE FOREST, IL 60045 City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete Title: VD (X) Change () Addition Name: CIRRINCIONE, ROSE Name: SORIA, CARLOS

 Address:
 4656 OZANAM ROAD
 Address:
 1206 SE6TH STREET #204

 City-St-Zip:
 NORRIDGE, IL 60656
 City-St-Zip:
 CAPE CORAL, FL 33990

Title: T () Delete Title: STD (X) Change () Addition Name: CIRRINCIONE, SALVATORE Name: OLLER, FRANCISCO

 Address:
 2416 ESTES STREET
 Address:
 1206 SE6TH STREET #202

 City-St-Zip:
 ELK GROVE VILLAGE, IL
 City-St-Zip:
 CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN KHAN PD 04/16/2007