

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003721

FILED
Jan 22, 2008
Secretary of State

Entity Name: CAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1206 SE 6TH CT
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
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:

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH 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

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHAN, JOHN
Address: 1206 SE6TH STREET #205
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: SORIA, CARLOS
Address: 1206 SE6TH STREET #204
City-St-Zip: CAPE CORAL, FL 33990

Title: STD () Delete
Name: OLLER, FRANCISCO
Address: 1206 SE6TH STREET #202
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN KHAN

PD

01/22/2008

Electronic Signature of Signing Officer or Director

Date