

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003721

FILED
Nov 02, 2009
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:

C/O AMERICAN CONDOMINIUM MGMT, INC.
615 CAPE CORAL PARKWAY WEST, #103
CAPE CORAL, FL 33914

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P. O. BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

C/O AMERICAN CONDOMINIUM MGMT, INC.
615 CAPE CORAL PARKWAY WEST, #103
CAPE CORAL, FL 33914

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:

KASE, SUSAN CAM
C/O AMERICAN CONDOMINIUM MGMT, INC.
615 CAPE CORAL PKWY WEST, SUITE 103
CAPE CORAL, FL 33914 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: SUSAN KASE, CAM

11/02/2009

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: PD (X) Change () Addition
Name: HARVEY, THOMAS
Address: 1206 SE 6TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VD (X) Change () Addition
Name: ZAYAS, MARY
Address: 1206 SE6TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: STD (X) Change () Addition
Name: BERTI, ARLEEN
Address: 1206 SE6TH STREET
City-St-Zip: CAPE CORAL, FL 33990

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: THOMAS HARVEY

PRES

11/02/2009

Electronic Signature of Signing Officer or Director

Date