

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003721

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-3364855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARVEY, THOMAS  
Address: 1206 SE 6TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD  
Name: ZAYAS, MARY  
Address: 1206 SE6TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: STD  
Name: BERTI, ARLEEN  
Address: 1206 SE6TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS HARVEY

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date