

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90032 005 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000001106

1. Entity Name
CAPE PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914

Mailing Address
% AMERICAN CONDO MGMT.
P.O. BOX 100399
CAPE CORAL, FL 33910

40102496



01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1633137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASE, SUSAN
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SALANITRI, FRANK ☐ Delete
STREET ADDRESS 36 MAPLE ST
CITY-ST-ZIP W BABYLON, NY 11704

TITLE SD
NAME PIAGGIONE, CONNIE ☒ Delete
STREET ADDRESS 909 SE 47TH TERR #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE TD
NAME ROBERTO, JOHN ☐ Delete
STREET ADDRESS 909 SE 46TH LN #113
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME DAVIS, BILL ☐ Delete
STREET ADDRESS 909 SE 46TH LN 213
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VD
NAME ZIEGER, JIM ☐ Delete
STREET ADDRESS 6494 FLANDERS FIELD DR
CITY-ST-ZIP WESTERVILLE, OH 43081

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JOHNSON, ED ☐ Change ☒ Addition
STREET ADDRESS 4601 TOUNCIL CREST LN
CITY-ST-ZIP BATTLE CREEK, MI 49014

TITLE ST
NAME ROBERTO JOHN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Frank Salanitri

FRANK Salanitri, Pres

Date

4/30/07

Daytime Phone #

239-542-4404