2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N97000001106

Entity Name: CAPE PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1633137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY W 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	( ) Delete
Name:	SALANITRI, FRANK	
Address:	36 MAPLE ST	
City-St-Zip:	W BABYLON, NY 11704	
Title:	D	( ) Delete
Name:	JOHNSON, ED	
Address:	4601 TOUNCIL CREST LN	
City-St-Zip:	BATTLE CREEK, MI 49014	
Title:	ST	( ) Delete
Name:	ROBERTO, JOHN	
Address:	909 SE 46TH LN #113	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D	( ) Delete
Name:	DAVIS, BILL	
Address:	909 SE 46TH LN 213	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	VD	( ) Delete
Name:	ZIEGER, JIM	
Address:	6494 FLANDERS FIELD DR	
City-St-Zip:	WESTERVILLE, OH 43081	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	JOHNSON, ED	
Address:	4601 TOUNCIL CREST LN	
City-St-Zip:	BATTLE CREEK, MI 49014	
Title:	ST	(X) Change ( ) Addition
Name:	PIAGGIONE, CONNIE	
Address:	909 SE 46TH LN #103	
City-St-Zip:	CAPE CORAL, FL 33904	
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: FRANK SALANITRI PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date