

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90059 001 ****61.25

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1. Entity Name
CAPE GARDENS OWNERS ASSOCIATION, INC.

Principal Place of Business
**7969 EVELYN CT
CAPE CANAVERAL, FL 32920 US**

Mailing Address
**7969 EVELYN CT
CAPE CANAVERAL, FL 32920 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3422324

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**CROW, JENNIFER
7969 EVELYN CT
CAPE CANAVERAL, FL 32920**

7. Name and Address of New Registered Agent

Name **Glick, Jennifer**
Street Address (P.O. Box Number is Not Acceptable) **Legal (name change)**
Same
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

Jennifer Glick **Jennifer Glick** **1/4/07**
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

TITLE **PD** ☐ Delete
NAME **LEE, MICHAEL**
STREET ADDRESS **163 KING NEPTUNE LANE**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **TD** ☐ Delete
NAME **CROW, JENNIFER**
STREET ADDRESS **7969 EVELYN CT**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **SD** ☐ Delete
NAME **HUNT, BEVERLY**
STREET ADDRESS **157 KING NEPTUNE LN**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Jennifer Glick** **Legal**
STREET ADDRESS **Same** **(name change)**
CITY-ST-ZIP

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

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

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

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

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:

Jennifer Glick **Jennifer Glick** **1/4/07** **321-749-3733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #