

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004812

FILED
Apr 14, 2008
Secretary of State

Entity Name: CAPE GARDENS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7969 EVELYN CT
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

7969 EVELYN CT
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

C/O RECONCILABLE DIFFERENCES, INC
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 US

FEI Number: 59-3422324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLICK, JENNIFER
7969 EVELYN CT
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

DUGAN, MICHELLE
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 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: MICHELLE DUGAN

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, MICHAEL
Address: 163 KING NEPTUNE LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD () Delete
Name: GLICK, JENNIFER
Address: 7969 EVELYN CT
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: HUNT, BEVERLY
Address: 157 KING NEPTUNE LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIOS, SUZANNE
Address: 7968 EVELYN COURT
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD (X) Change () Addition
Name: TOKMENKO, ROSE
Address: 7970 EVELYN COURT
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD (X) Change () Addition
Name: DAVIS, BEVERLY
Address: 169 KING NEPTUNE LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD () Change (X) Addition
Name: GRANBERRY, RAY
Address: 159 KING NEPTUNE
City-St-Zip: CAPE CANAVERAL, FL 32920

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: SUZANNE RIOS

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date