

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004812

FILED  
Mar 30, 2009  
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:**

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

**New Mailing Address:**

**FEI Number:** 59-3422324      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DUGAN, MICHELLE  
109 LONG POINT ROAD  
CAPE CANAVERAL, FL 32920 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: RIOS, SUZANNE  
Address: 7968 EVELYN COURT  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BANKS, HAZEL  
Address: 161 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: RAY GRANBERRY

TD

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date