

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90069 001 ****61.25
 01-31-2001 90069 002 *****8.75

DOCUMENT # N99000005025

1. Entity Name

CAPE HARBOUR CIVIC ASSOCIATION INC.

Principal Place of Business

Mailing Address

5611 MERLYN LANE
 CAPE CORAL FL 33914

5611 MERLYN LANE
 CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

5870 Lionel Court
 Suite, Apt. #, etc.

5870 Lionel Court
 Suite, Apt. #, etc.

City & State

City & State

Cape Coral FL

Cape Coral, FL

Zip

Country

Zip

Country

33914

USA

33914

USA

4. FEI Number

65-0938447

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

REICHEL, WILLIAM
 5611 MERLYN LANE
 CAPE CORAL FL 33914

Name

Howard, Dennis

Street Address (P.O. Box Number is not acceptable)

5870 Lionel Court

City

Cape Coral

FL

Zip Code

33914

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.

William Reichel

SIGNATURE

William Reichel

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

(NOTE: Registered Agent signature required when reinstating)

January 9, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICHEL, WILLIAM 5611 MERLYN LANE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VITALE, ARTHUR 5611 MERLYN LANE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REICHEL, DARLENE 5611 MERLYN LANE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISS, CHRIS 5611 MERLYN LANE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMMESSO, ANTHONY 2304 SAGRAMORE PL. CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORLA, JOHN 5611 MERLYN LANE CAPE CORAL FL 33914	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howard, Dennis 5870 Lionel Court	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jungclaus, Dieter 5870 Lionel Court Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ed Schultz 5870 Lionel Court	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Noll, Deborah 5870 Lionel Court Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Small, Arnold 5870 Lionel Court	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gorla, John 5870 Lionel Court	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.09(5)(b), 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:

Dennis Howard, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 541-5440
 Date Daytime Phone #

CR2E037 (10/00)