

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134468

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: REALTY ASSOCIATES OF CAPE CORAL, INC.

**Current Principal Place of Business:**

1325 SE 47TH STREET  
C9  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1325 SE 47TH STREET  
C9  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 20-3627733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWETT, H. ANDREW ESQ  
KNOTT CONSOER EBELINI ET AL.  
1625 HENDRY STREET SUITE 301  
FORT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VALENTINO, LESLIE  
Address: 1620 NW 32ND PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: P ( ) Delete  
Name: VALENTINO, LESLIE R  
Address: 1620 NW 32ND PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP ( ) Delete  
Name: NESTER, BARBARA J  
Address: 161 CREST DRIVE  
City-St-Zip: BOYERTOWN, PA 19512

Title: S ( ) Delete  
Name: NESTER, BARBARA J  
Address: 161 CREST DRIVE  
City-St-Zip: BOYERTOWN, PA 19512

Title: T ( ) Delete  
Name: VALENTINO, LESLIE R  
Address: 1620 NW 32ND PLACE  
City-St-Zip: CAPE CORAL, FL 33993

**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: ( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE VALENTINO

P

03/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date