

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106279

FILED
Apr 13, 2005
Secretary of State

Entity Name: CAPE TOWN DEVELOPMENTS, INC.

Current Principal Place of Business:

225 BANYAN BLVD
#210
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

225 BANYAN BLVD
#210
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3616857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEXTON, DAVID N
C/O BOND, SCHOENECK, ET. AL.
4001 TAMiami TRAIL NORTH #404
NAPLES, FL 34103 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: DC () Delete
Name: LOVE, G. DONALD
Address: 225 BANYAN BLVD #210
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SEXTON, DAVID N
Address: 4001 TAMiami TRAIL N., SUITE 404
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: LOVE, PENELOPE L
Address: 225 BANYAN BLVD #210
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: SULLIVAN, ROBERT J
Address: 225 BANYAN BLVD #210
City-St-Zip: NAPLES, FL 34102

Title: ST () Delete
Name: REES-ANDERSON, JENNY
Address: 225 BANYAN BLVD #210
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: LOVE (ESTATE OF), G. DONALD
Address: 225 BANYAN BLVD #210
City-St-Zip: NAPLES, FL 34102

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 for the exemption stated in Section 119.07(3)(i), 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: JENNY REES-ANDERSON

ST

04/13/2005

Electronic Signature of Signing Officer or Director

Date