

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000013303

Entity Name: CAPE ROMANO CONSERVATION AUTHORITY INC.**Current Principal Place of Business:**14860 JONATHAN HARBOUR DR
FT. MYERS, FL 33908**Current Mailing Address:**14860 JONATHAN HARBOUR DR
FT. MYERS, FL 33908 US**FEI Number: 88-2809698****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHIE, DAVID
14860 JONATHAN HARBOUR DR
FT. MYERS, FL 33908 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	SCHIE, DAVID
Address	14860 JONATHAN HARBOUR DR
City-State-Zip:	FT. MYERS FL 33908

Title	DIR
Name	SCHIE, DAVID
Address	14860 JONATHAN HARBOUR DR
City-State-Zip:	FT. MYERS FL 33908

Title	SECR
Name	SCHIE, DAVID
Address	14860 JONATHAN HARBOUR DR
City-State-Zip:	FT. MYERS FL 33908

Title	VP
Name	SCHIE, LOUISE
Address	14860 JONATHAN HARBOUR DR
City-State-Zip:	FT. MYERS FL 33908

Title	TRES
Name	SCHIE, DAVID
Address	14860 JONATHAN HARBOUR DR
City-State-Zip:	FT. MYERS FL 33908

I hereby 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 all other like empowered.

SIGNATURE: DAVID SCHIE**OWNER****02/14/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date