2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 733135

Entity Name: CAPE SABLE LAKES ASSOCIATION, INC.

Current Principal Place of Business:

2360 LONGBOAT DRIVE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-1650603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOOT, EDWARD J RA
2360 LONGBOAT DRIVE
NAPLES, FL 34104 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: SD ( ) Delete
Name: SAGEN, STEPHANIE
Address: 873 CAPE HAZE LANE
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete
Name: JUDY, LUNDBERG
Address: 432 CAPE FLORIDA WAY
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: WATKINS, SYLVIA E
Address: 172 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete
Name: HABEL, RON
Address: 277 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: SCHULZ, CHESLEY W
Address: 881 CAPE HAZE LANE
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: BUTLER, DAN
Address: 105 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: SAGEN, STEPHANIE
Address: 873 CAPE HAZE LANE
City-St-Zip: NAPLES, FL 34104

Title: T (X) Change ( ) Addition
Name: LUNDBERG, JUDITH
Address: 432 CAPE FLORIDA WAY
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change ( ) Addition
Name: KREAMER, GIL
Address: 300 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: P (X) Change ( ) Addition
Name: HABEL, RON
Address: 277 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON HABEL P 04/16/2009

Electronic Signature of Signing Officer or Director — Date