

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004068

FILED
Feb 19, 2009
Secretary of State

Entity Name: THE TOWNHOMES AT CAPE HAZE ASSOCIATION, INC.

Current Principal Place of Business:

3909 CAPE HAZE DR
CAPE HAZE, FL 33946

New Principal Place of Business:

Current Mailing Address:

% STAR HOSPITALITY MGT
6025 TAYLOR RD UNIT 2
PUNTA GORDA, FL 33950

New Mailing Address:

% STAR HOSPITALITY MGT
26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-1058946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MGT
6025 TAYLOR RD UNIT 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MGT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PROBINSKY, BRENT
Address: 3414 MAGIC OAK LN
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: WATTERSON, ROBERT
Address: 155 SPYGLASS ALLEY
City-St-Zip: PLACIDA, FL 33946

Title: S () Delete
Name: NOSTI, BOB
Address: 7 THROPP RD
City-St-Zip: FORKED RIVER, NJ 08731

Title: T () Delete
Name: MOREAU-ZIEMAN, MARY E
Address: 15334 BRAINBRIDGE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D () Delete
Name: CLYNE, ROGER
Address: 2905 124TH AVE EAST
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: MCINTOSH, DONALD D
Address: 85 VISCOUNT DRIVE #13B
City-St-Zip: MILFORD, CT 06460

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:

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: BRENT PROBINSKY

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date