

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010366
 1. Entity Name
 CAPE HAZE RESORT C 7/9 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1921 MONTE CARLO DR UNIT 703 SARASOTA, FL 34231
 Mailing Address: P.O. BOX 20708 SARASOTA, FL 34276

DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 20-5770760 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SEIDER, WILLIAM M
 200 S ORANGE AVE
 SARASOTA, FL 34236

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee Is \$81.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000937835
 05/27/08 00067 003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORRIS, ROBERT A JR
STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DVST
NAME	GILLASPIE, CLARK
STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	MORRIS, ROBERT A III
STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Robert A. Morris, Jr.* ROBERT A. MORRIS, JR, PRESIDENT 04/21/2008 941-923-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #