

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

DOCUMENT# N06000010366

**Entity Name:** CAPE HAZE RESORT C 7/9 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8401 PLACIDA ROAD  
CAPE HAZE, FL 33946

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 97  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 20-5770908      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEIDER, WILLIAM M  
200 S ORANGE AVE  
SARASOTA, FL 34236      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: DP      ( ) Delete  
Name: MORRIS, ROBERT A JR  
Address: 1921 MONTE CARLO DRIVE, UNIT 703  
City-St-Zip: SARASOTA, FL 34231

Title: DVST      ( ) Delete  
Name: GILLASPIE, CLARK  
Address: 1921 MONTE CARLO DRIVE, UNIT 703  
City-St-Zip: SARASOTA, FL 34231

Title: D      ( ) Delete  
Name: MORRIS, ROBERT A III  
Address: 1921 MONTE CARLO DRIVE, UNIT 703  
City-St-Zip: SARASOTA, FL 34231

**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:

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: CLARK GILLASPIE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVST

04/17/2009

\_\_\_\_\_  
Date