2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N04000008645

Entity Name: CAPE VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1311 JACKSON BLUFF ROAD
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 20438
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 26-4692000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309 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: D ( ) Delete
Name: KASPER, ROBERT
Address: P O BOX 20438
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D ( ) Delete
Name: KASPER, JOSH
Address: P O BOX 20438
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D ( ) Delete
Name: KASPER, ADAM
Address: P O BOX 20438
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D ( ) Delete
Name: CONBOY, JOHN
Address: P O BOX 20438
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D ( ) Delete
Name: BELLAMY, DAVID
Address: P O BOX 20438
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D ( ) Delete
Name: MNOOKIN, STEPHEN
Address: P O BOX 20438
City-St-Zip: TALLAHASSEE, FL 32316 US

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: ROBERT KASPER OWNE 04/20/2009
Electronic Signature of Signing Officer or Director — Date