

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010366

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**7462637107CC**

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

**Current Principal Place of Business:**

4370 S. TAMIAMI TRL  
102  
SARASOTA, FL 34231

**Current Mailing Address:**

4370 S. TAMIAMI TRL  
102  
SARASOTA, FL 34231 US

**FEI Number:** 20-5770908

**Certificate of Status Desired:** No

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

SPENCE, BRIDGET  
4370 S. TAMIAMI TRL  
102  
SARASOTA, FL 34231 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:** BRIDGET SPENCE

04/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BOWIE, LAWRENCE  
Address 4370 S. TAMIAMI TRL  
102  
City-State-Zip: SARASOTA FL 34231

Title VP  
Name BOLLES, RICHARD  
Address 4370 S. TAMIAMI TRL  
102  
City-State-Zip: SARASOTA FL 34231

Title STD  
Name BOLLES, RICHARD  
Address 4370 S. TAMIAMI TRL  
102  
City-State-Zip: SARASOTA FL 34231

Title AS  
Name SPENCE, BRIDGET  
Address 4370 S. TAMIAMI TRL  
102  
City-State-Zip: SARASOTA FL 34231

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIDGET SPENCE

RA

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date