

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010366

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC2019588204**

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

**Current Principal Place of Business:**

8407 AND 8409 PLACIDA ROAD  
CAPE HAZE, FL 33946

**Current Mailing Address:**

8401 PLACIDA RD  
CAPE HAZE, FL 33946

**FEI Number:** 20-5770908

**Certificate of Status Desired:** No

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

RESORT REALTY FLORIDA .COM  
8401 PLACIDA RD  
CAPE HAZE, FL 33946 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name AGOSTAROLA, JOANNE  
Address 8401 PLACIDA RD  
City-State-Zip: CAPE HAZE FL 33946

Title VD  
Name WINTERICH, JAMES  
Address 8401 PLACIDA RD  
City-State-Zip: CAPE HAZE FL 33946

Title STD  
Name IRANI, ARDESAR  
Address 8401 PLACIDA RD  
City-State-Zip: CAPE HAZE FL 33946

*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:** ARDESAR IRANI

STD

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date