

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717090

FILED
Mar 27, 2006
Secretary of State

Entity Name: CAPE HAZE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SPANIARDS RD & SPYGLASS ALLEY
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 690
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 59-1713449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICAULT, GILBERT P
205 CAPSTAN DRIVE
PLACIDA, FL 33946 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: PD () Delete
Name: DAHMS, WILLIAM
Address: 385 CAPSTAN
City-St-Zip: PLACIDA, FL 33946

Title: VPD () Delete
Name: LANDMANN, DONALD
Address: 330 CAPSTAN DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: TD () Delete
Name: BRICAULT, GILBERT P
Address: 205 CAPSTAN DR
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: NEER, PAM
Address: 530 GREEN DOLPHIN DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: SD () Delete
Name: CURLEY, ANGELA
Address: 560 LOOKOUT ALLEY
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: WUNSCH, PAUL
Address: 590 GASPAR DR
City-St-Zip: PLACIDA, FL 33946

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: SD (X) Change () Addition
Name: MEDINTZ, MARVIN
Address: 15 SPYGLASS ALLEY
City-St-Zip: PLACIDA, FL 33946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GILBERT P. BRICAULT

TR

03/27/2006

Electronic Signature of Signing Officer or Director

Date