

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90036 018 \*\*\*\*70.00

<b>DOCUMENT # 717090</b> 1. Entity Name <b>CAPE HAZE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>SPANIARDS RD &amp; SPYGLASS ALLEY PLACIDA, FL 33946</b>			Mailing Address <b>P. O. BOX 690 PLACIDA, FL 33946</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRICAULT, GILBERT P 205 CAPSTAN DRIVE PLACIDA, FL 33946				Name <b>RIELEY, SHELDON C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>510 GREEN DOLPHIN DRIVE SOUTH</b> City <b>PLACIDA</b> FL <b>33946</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Sheldon C Rieley</i> <b>TREASURER</b> <small>Signature, typed or printed name of registered agent not title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE <b>2/16/07</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DAHMS, WILLIAM 385 CAPSTAN PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEDINTZ, MARVIN 15 SPYGLASS ALLEY PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LANDMANN, DONALD 330 CAPSTAN DRIVE PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DAHMS, WILLIAM 385 CAPSTAN DR. PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BRICAULT, GILBERT P 205 CAPSTAN DR PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RIELEY, SHELDON C 510 GREEN DOLPHIN DR. SO. PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEER, PAM 530 GREEN DOLPHIN DRIVE PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAYES, PETER 485 GREEN DOLPHIN DR. SO. PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MEDINTZ, MARVIN 15 SPYGLASS ALLEY PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIBBY, DONALD 495 GREEN DOLPHIN DR. SO PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WUNSCH, PAUL 590 GASPAR DR PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSEN, MARTY 570 GASPAR DRIVE PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sheldon C Rieley</i> <b>Sheldon C Rieley Treasurer</b> <b>2/16/07</b> <b>941-697-9811</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40020709



01282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1713449

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**