2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # 717090

1. Entity Name
CAPE HAZE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SPANIARDS RD & SPYGLASS ALLEY PLACIDA, FL 33946	P. O. BOX 690 PLACIDA, FL 33946

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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1713449
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIELEY, SHEDON C
510 GREEN DOLPHIN DR. S.
PLACIDA, FL 33946

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEDINTZ, MARVIN
STREET ADDRESS	15 SPY GLASS ALLEY
CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	VPD
NAME	DAHMS, WILLIAM
STREET ADDRESS	385 CAPSTAN DR.
CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	TD
NAME	RIELEY, SHELDON C
STREET ADDRESS	510 GREEN DOLPHIN DR. S.
CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	D
NAME	HAYES, PTER
STREET ADDRESS	485 GREEN DOLPHIN DR. S.
CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	D
NAME	LIBBY, DONALD
STREET ADDRESS	495 GREEN DOLPHIN DR. S.
CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	D
NAME	ROSEN, MARTY
STREET ADDRESS	570 GASPAR DR
CITY-ST-ZIP	PLACIDA, FL 33946

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01/10/08-80036-002 61.25

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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: Sheldon C Rieley Sheldon C. Rieley 1/7/08 941-697-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #