2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 717090

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:

RIELEY, SHEDON C
510 GREEN DOLPHIN DR. S.
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:	MEDINTZ, MARVIN	
Address:	15 SPY GLASS ALLEY	
City-St-Zip:	PLACIDA, FL 33946	
Title:	VPD	( ) Delete
Name:	DAHMS, WILLIAM	
Address:	385 CAPSTAN DR.	
City-St-Zip:	PLACIDA, FL 33946	
Title:	TD	( ) Delete
Name:	RIELEY, SHELDON C	
Address:	510 GREEN DOLPHIN DR. S.	
City-St-Zip:	PLACIDA, FL 33946	
Title:	D	( ) Delete
Name:	HAYES, PTER	
Address:	485 GREEN DOLPHIN DR. S.	
City-St-Zip:	PLACIDA, FL 33946	
Title:	D	( ) Delete
Name:	LIBBY, DONALD	
Address:	495 GREEN DOLPHIN DR. S.	
City-St-Zip:	PLACIDA, FL 33946	
Title:	D	( ) Delete
Name:	ROSEN, MARTY	
Address:	570 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:	D	(X) Change ( ) Addition
Name:	BOND, RALPH	
Address:	515 BINNACLE BEND	
City-St-Zip:	PLACIDA, FL 33946	
Title:	D	(X) Change ( ) Addition
Name:	BUTLER, SUSAN	
Address:	470 CORAL CREEK DRIVE	
City-St-Zip:	PLACIDA, FL 33946	
Title:	D	(X) Change ( ) Addition
Name:	WITSCHONKE, ROSS	
Address:	50 BUCCANEER BEND	
City-St-Zip:	PLACIDA, FL 33946	

I hereby certify that the information supplied with this filing does not qualify 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: SHELDON C. RIELEY TD 01/08/2009
Electronic Signature of Signing Officer or Director — Date