2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
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
Name: WITSCHONKE, ROSS
Address: 50 BUCCANEER BEND
City-St-Zip: PLACIDA, FL 33946

Title: VPD
Name: BUTLER, SUSAN
Address: 470 CORAL CREEK DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: TD
Name: RIELEY, SHELDON C
Address: 510 GREEN DOLPHIN DR. S.
City-St-Zip: PLACIDA, FL 33946

Title: D
Name: BOND, RALPH
Address: 515 BINNACLE BEND
City-St-Zip: PLACIDA, FL 33946

Title: S
Name: FITZGEREALD, MARY LOU
Address: 480 GREEN DOLPHIN DRIVE SOUTH
City-St-Zip: PLACIDA, FL 33946

Title: D
Name: CIRKA, BEN
Address: 340 ANCHOR ROW
City-St-Zip: PLACIDA, 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: SHELDON C. RIELEY TD 01/09/2010

Electronic Signature of Signing Officer or Director — Date