## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#717090** 

FILED Jan 11, 2011 Secretary of State

Entity Name: CAPE HAZE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SPANIARDS RD & SPYGLASS ALLEY PLACIDA, FL 33946

Current Mailing Address: New Mailing Address:

P. O. BOX 690 PLACIDA, FL 33946

FEI Number: 59-1713449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Electronic dignature of registered

**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

City-51-2ip. PLACIDA, PL 3394

Title:

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

Title:

Name: FITZGEREALD, MARY LOU

Address: 480 GREEN DOLPHIN DRIVE SOUTH

City-St-Zip: PLACIDA, FL 33946

Title: [

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 01/11/2011