2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # 764046** 04-07-2006 90036 022 ****61.25 1. Entity Name CAPE HACIENDA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6855 RIDGEWOOD AVENUE #105-COCOA BEACH FL-32931-1084 6655 RIDGEWOOD AVENUE #105 COCOA BEACH FL 32931-1084 2. Principal Place of Business 3. Maiting Address 204W.Coco Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For Dir Bead 59-2359032 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARNER, BILL 6655 RIBGEWOOD AVE #105 COCOA BEACH FL 32931 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, ar the obligations of regi pred agent E.GUND SIGNATURE L (NOTE: Registered Agen e of registered agent and title if applicable ure required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change HINES, ELEANOR NAME NAME 6655 RIDGEWOOD AVE # 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIE KOBIN ALLERS AT Change **S**Delete TITLE ☐ Addition WEEKLY, IRENĘ 1000 HOLTAVE, #2749 NAME 6655 RIDGEWOOD AVE # 101 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition WARNER, BILL NAME NAME 6655 RIDGEWOOD #105 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME SELI, FRED NAME 6655 RIDGEWOOD AVE # 203 STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

407-765-5810

FILED