


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90076 022 \*\*\*\*61.25

**DOCUMENT # 764046**

1. Entity Name  
 CAPE HACIENDA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6655 RIDGEWOOD AVENUE #105 COCOA BEACH, FL 32931-1084	Mailing Address 204 W COCO BCH AVE COCOA BEACH, FL 32931
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40099605



04172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2359032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELDORFF, INC  
 C/O KAREN GUNN-BARDET  
 204 W COCO BCH CSWY  
 COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINES, ELEANOR 6655 RIDGEWOOD AVE # 205 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLERS, ROBIN 1000 HOLT AVE 2749 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SELI, FRED 6655 RIDGEWOOD AVE # 203 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Eleanor S Hines ELEANOR S HINES 4-27-07 321-79947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #