

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007015

FILED
Apr 30, 2008
Secretary of State

Entity Name: CAPE HAZE MARINA BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O TRIPLE DIAMOND ENTERPRISES, LLC
105 TRIPLE DIAMOND BLVD #101
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

C/O TRIPLE DIAMOND ENTERPRISES, LLC
PO BOX 1967
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 20-1050820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEACH, JAMES ESQ
C/O TRIPLE DIAMOND ENTERPRISES, LLC
105 TRIPLE DIAMOND BLVD #101
NORTH VENICE, FL 34275 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: KEATHLEY, TERRY
Address: PO BOX 83
City-St-Zip: PLACIDA, FL 33946

Title: VD () Delete
Name: ARP, DAVID
Address: PO BOX 1967
City-St-Zip: NOKOMIS, FL 34274

Title: SD () Delete
Name: HUNT, NANCY
Address: PO BOX 5284
City-St-Zip: GROVE CITY, FL 34224

Title: TD () Delete
Name: BEACH, JAMES
Address: PO BOX 1967
City-St-Zip: NOKOMIS, FL 34274

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN HOSTETLER

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date