

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90129 040 \*\*\*\*70.00

<b>DOCUMENT # N03000003635</b> 1. Entity Name <b>CAPE HAZE EAST PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8501 PALACIDA ROAD SUITE A-2 PALACIDA, FL 33946</b>			Mailing Address <b>P.O. BOX 1 PLACIDA, FL 33946</b>		
2. Principal Place of Business <b>3899 CAPE HAZE DR.</b>		3. Mailing Address <b>P.O. BOX 448</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ROTONDA WEST, FL</b>		City & State <b>PLACIDA, FL</b>		4. FEI Number <b>20-2886521</b>	
Zip <b>33947</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33947</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GUNDERSON, MIKO P 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088</b>			7. Name and Address of New Registered Agent Name <b>BRANDENBERGER, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3899 CAPE HAZE DR.</b> City <b>ROTONDA WEST</b> <b>FL</b> Zip Code <b>33947</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, ROBERTO J 5718 WESTHEIMER ROAD SUITE 1806 HOUSTON, TX 77057	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRILL, SHARON L P.O. BOX 1 PLACIDA, FL 33946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERRILL, SHARON L 5718 WESTHEIMER ROAD SUITE 1806 HOUSTON, TX 77057	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANOS, SAVAS 3899 CAPE HAZE DR. ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLEY, JULIA 3899 CAPE HAZE DR. ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>		Date <b>3/14/06</b>		Daytime Phone # <b>941-964-1770</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					