

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000003635**

1. Entity Name  
**CAPE HAZE EAST PROPERTY OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**3899 CAPE HAZE DR  
ROTONDA WEST, FL 33947**

Mailing Address  
**PO BOX 448  
PLACIDA, FL 33946**

**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-2886521**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRANDENBERGER, JOHN  
3899 CAPE HAZE DR  
ROTONDA WEST, FL 33947**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME IGLESIAS, ROBERTO J  
STREET ADDRESS 5718 WESTHEIMER ROAD SUITE 1806  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE VD  
NAME DANOS, SAVAS  
STREET ADDRESS 3899 CAPE HAZE DR  
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE STD  
NAME KELLEY, JULIA  
STREET ADDRESS 3899 CAPE HAZE DR  
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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:**

*Julia L. Kelley, Sec. Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08  
Date

941-964-1770  
Daytime Phone #