

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04755

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** CAPE SHOALS ASSOCIATION, INC.

**Current Principal Place of Business:**

180 MARTINIQUE DRIVE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

12347 HOISINGTON ROAD  
GAINES, MI 48436

**Current Mailing Address:**

180 MARTINIQUE DRIVE  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

12347 HOISINGTON ROAD  
GAINES, MI 48436

**FEI Number:** 59-2882242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, JOHN V  
180 MARTINIQUE DRIVE  
PORT SAINT JOE, FL 32456 US

**Name and Address of New Registered Agent:**

MURPHY, JOHN V SR.  
180 MARTINIQUE DRIVE  
PORT SAINT JOE, FL 32456 US

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: JOHN V. MURPHY, SR.

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MURPHY, JOHN V  
Address: 180 MARTINIQUE DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD  
Name: MURPHY, GAYLE C  
Address: 180 MARTINIQUE DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: STD  
Name: MURPHY, GAYLE C  
Address: 180 MARTINIQUE DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

I hereby 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 all other like empowered.

SIGNATURE: GAYLE C. MURPHY

STD

03/28/2012

Electronic Signature of Signing Officer or Director

Date