2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001948

FILED Apr 07, 2009 Secretary of State

Entity Name: THE CLUB AT CAPE SAN BLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	POINTE DR. 3 JOE, FL 3245			
current Mailing Address:		New Mailing Address:		
	POINTE DR. 3 JOE, FL 3245			
El Number	: 35-2332168	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
342 IMAC	ENNETH A BINARY RD. SSEE FL 323	09 US		
342 IMAC ALLAHA ne above the Stat	SINARY RD. SSEE, FL 323 anamed entity of an angle of Florida.		purpose of changing its register	red office or registered agent, or both,
342 IMAC ALLAHA ne above the Stat	GINARY RD. SSEE, FL 323 e named entity : e of Florida. RE:			red office or registered agent, or both, Date
342 IMAC ALLAHA he above the Stat IGNATU	GINARY RD. SSEE, FL 323 e named entity : e of Florida. RE:	submits this statement for the nic Signature of Registered Ag	ent	
342 IMAC ALLAHA ne above the Stat GNATU	SINARY RD. SSEE, FL 323 e named entity: e of Florida. RE: Electror S AND DIREC	submits this statement for the nic Signature of Registered Ag TORS: Delete SE NTE DR.	ent	Date
s42 IMAC ALLAHA ne above the State GNATU FFICER le: me: dress:	e named entity : e of Florida. RE: Electror S AND DIREC PD () RUDO, GEORG 152 CAPE POII PORT ST. JOE	submits this statement for the nic Signature of Registered Agentary TORS: Delete SE NTE DR. FL 32456 Delete TH A RY RD.	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO

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: KENNETH ROSS VP 04/07/2009