2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N06000010358

Entity Name: CAPE HAZE RESORT A 11/13 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1921 MONTE CARLO DRIVE, UNIT 703
SARASOTA, FL 34231

New Principal Place of Business:

8401 PLACIDA ROAD
CAPE HAZE, FL 33946

Current Mailing Address:

PO BOX 20708
SARASOTA, FL 34276

New Mailing Address:

P.O BOX 97
BOCA GRANDE, FL 33921

FEI Number: 20-5770760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEIDER, WILLIAM M
200 S ORANGE AVENUE
SARASOTA, FL 34236 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: DP ( ) Delete
Name: MORRIS, ROBERT A JR
Address: 1921 MONTE CARLO DRIVE, UNIT 703
City-St-Zip: SARASOTA, FL 34231

Title: DVST ( ) Delete
Name: GILLASPIE, CLARK
Address: 1921 MONTE CARLO DRIVE, UNIT 703
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: MORRIS, ROBERT A III
Address: 1921 MONTE CARLO DRIVE, UNIT 703
City-St-Zip: SARASOTA, FL 34231

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:

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: CLARK GILLASPIE DVST 01/19/2009

Electronic Signature of Signing Officer or Director — Date