

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

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000010366**

1. Entity Name  
**CAPE HAZE RESORT C 7/9 CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1921 MONTE CARLO DR UNIT 703  
SARASOTA, FL 34231**

Mailing Address  
**P.O. BOX 20708  
SARASOTA, FL 34276**

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-5770760**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**SEIDER, WILLIAM M  
200 S ORANGE AVE  
SARASOTA, FL 34236**

**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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000937835  
05/27/08 00067 003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MORRIS, ROBERT A JR
STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DVST
NAME	GILLASPIE, CLARK
STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	MORRIS, ROBERT A III
STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Robert A. Morris, Jr.*

**ROBERT A. MORRIS, JR, PRESIDENT**

**04/21/2008**

**941-923-6353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #