

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010366

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8401 PLACIDA ROAD  
CAPE HAZE, FL 33946

**New Principal Place of Business:**

8407 AND 8409 PLACIDA ROAD  
CAPE HAZE, FL 33946

**Current Mailing Address:**

P.O. BOX 97  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 20-5770908

**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 AVE  
SARASOTA, FL 34236 US

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

PETERSON, SCOTT D  
6020 BOCA GRANDE CAUSEWAY  
BOCA GRANDE, FL 33921 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: SCOTT D. PETERSON

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FRENCH, H. WELLS  
Address: 9428 BANDERA LANE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DVP  
Name: WINTERICH, JAMES  
Address: 30910 WALDEN DRIVE  
City-St-Zip: WESTLAKE, OH 44145

Title: DST  
Name: MCALACK, JOHN W  
Address: 8409 PLACIDA ROAD UNIT 201  
City-St-Zip: CAPE HAZE, FL 33946

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: H. WELLS FRENCH

PD

01/12/2011

Electronic Signature of Signing Officer or Director

Date