

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003900

FILED
Jun 24, 2009
Secretary of State

Entity Name: FRIENDS OF CAPE HAZE INC.

Current Principal Place of Business:

11000 PLACIDA RD
UNIT 2702
PLACIDA, FL 33946

New Principal Place of Business:

11000 PLACIDA RD
PLACIDA, FL 33946

Current Mailing Address:

11000 PLACIDA RD
UNIT 2702
PLACIDA, FL 33946

New Mailing Address:

11000 PLACIDA RD
PLACIDA, FL 33946

FEI Number: 20-8834117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VILLELA, RUY
11000 PLACIDA RD
2702
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

MURRAY, MARIANA
11000 PLACIDA RD
PLACIDA, FL 33946 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: MARIANA MURRAY

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLINT, RICHARD N
Address: 11000 PLACIDA RD UNIT 2504
City-St-Zip: PLACIDA, FL 339462118

Title: D () Delete
Name: VILLELA, RUY
Address: 11000 PLACIDA RD
City-St-Zip: PLACIDA, FL 339462118

Title: D () Delete
Name: ROBERTS, RICHARD S
Address: 13025 VIA AURELIA
City-St-Zip: PLACIDA, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MURRAY, MARIANA
Address: 11000 PLACIDA RD
City-St-Zip: PLACIDA, FL 339462118

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: MARIANA MURRAY

D

06/24/2009

Electronic Signature of Signing Officer or Director

Date