2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N10871

Entity Name: CAPE PLANTATION HOMEOWNERS ASSOCICATION, INC.

Current Principal Place of Business:

C/O LEONARD C. COSTIN
2724 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

C/O LEONARD C. COSTIN
167 CESSNA DRIVE
PORT ST. JOE, FL 32456 US

Current Mailing Address:

C/O LEONARD C. COSTIN
2724 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 US

New Mailing Address:

C/O LEONARD C. COSTIN
167 CESSNA DRIVE
PORT ST. JOE, FL 32456 US

FEI Number: 59-2571407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD C. COSTIN, CPA
2724 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: HOOPER, JON
Address: 404 PLANTATION DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD ( ) Delete
Name: RENFRO, MARY HELEN
Address: 411 PLANTATION DR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: SD ( ) Delete
Name: COSTIN, LEONARD C
Address: 2724 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KENNINGTON, VALERIA
Address: 405PLANTATION DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: VD (X) Change ( ) Addition
Name: DAVIS, RAY
Address: 200 PLANTATION DR
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: SD (X) Change ( ) Addition
Name: COSTIN, LEONARD C
Address: 9118 WENTLETRAP AVENUE
City-St-Zip: PORT ST. JOE, FL 32456 US

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: LEONARD C. COSTIN S/D 04/27/2009

Electronic Signature of Signing Officer or Director — Date