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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36925** (8)

1. Corporation Name

CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

3751 CAPE HAZE DRIVE
CAPE HAZE FL 33946
US

Mailing Address

P.O BOX 475
PLACIDA FL 33946
US

3. Date Incorporated or Qualified

03/06/1990

4. FEI Number

65-0183767

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANDENBERGER, JOHN
3751 CAPE HAZE DRIVE
SUITE 200
CAPE HAZE FL 33946

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **MERTZ, CHARLES H.**
STREET ADDRESS **8 AMBERJACK LANE**
CITY-ST-ZIP **CAPE HAZE FL**

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **BELL, MAXINE**
1.3 STREET ADDRESS **4245 CAPE HAZE DRIVE**
1.4 CITY-ST-ZIP **CAPE HAZE, FL 33946**

TITLE **T** ☒ DELETE
NAME **JANES, FRED**
STREET ADDRESS **12 WINDWARD CT**
CITY-ST-ZIP **CAPE HAZE FL**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **FREY, GEORGE**
2.3 STREET ADDRESS **4 WINDWARD COURT**
2.4 CITY-ST-ZIP **CAPE HAZE, FL 33946**

TITLE **V** ☐ DELETE
NAME **DEVER, CHUCK**
STREET ADDRESS **300 CORAL CREEK DRIVE**
CITY-ST-ZIP **CAPE HAZE FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **MAUSTON, LOIS**
STREET ADDRESS **4634 ARLINGTON DR**
CITY-ST-ZIP **CAPE HAZE FL**

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME **WOLF, HARRY**
4.3 STREET ADDRESS **12 ARLINGTON DRIVE**
4.4 CITY-ST-ZIP **CAPE HAZE, FL 33946**

TITLE **V** ☐ DELETE
NAME **GARRICK, MARY**
STREET ADDRESS **285 CORAL CREEK DRIVE**
CITY-ST-ZIP **CAPE HAZE FL**

5.1 TITLE **PD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE REQUIRED
Signature of Mary Garrick x1/22/98 (941) 697-9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059409

CR2E037 (10/97)