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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36925**

1. Corporation Name

CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3751 CAPE HAZE DRIVE CAPE HAZE FL 33946 US	P.O BOX 475 PLACIDA FL 33946 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/06/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0183767 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired X **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	X DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, MAXINE		1.2 NAME		
STREET ADDRESS	4245 CAPE HAZE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL 33946		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	S/T/D	X Change ☐ Addition
NAME	FREY, GEORGE		2.2 NAME		
STREET ADDRESS	4 WINDWARD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL 33946		2. 4 CITY-ST-ZIP		
TITLE	TD	X DELETE	3.1 TITLE	V/D	☐ Change X Addition
NAME	DEVER, CHUCK		3.2 NAME	Scire, Joseph	
STREET ADDRESS	300 CORAL CREEK DRIVE		3.3 STREET ADDRESS	5 Seaward Circle	
CITY-ST-ZIP	CAPE HAZE FL		3.4. CITY-ST-ZIP	Placida, FL 33946	
TITLE	VD	☐ DELETE	4.1 TITLE	P/D	X Change ☐ Addition
NAME	WOLF, HARRY		4. 2 NAME		
STREET ADDRESS	12 ARLINGTON DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL 33946		4.4 CITY-ST-ZIP		
TITLE	PD	X DELETE	5.1 TITLE	V/D	☐ Change X Addition
NAME	GARRICK, MARY		5.2 NAME	Boos, Leonard	
STREET ADDRESS	285 CORAL CREEK DRIVE		5.3 STREET ADDRESS	3751-B Cape Haze Drive	
CITY-ST-ZIP	CAPE HAZE FL		5.4 CITY-ST-ZIP	Placida, FL 33946	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Henry W. Wolf **REQUIRED** 2/23/99 (941)697-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #