2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90038 045 ****70.00

DOCUMENT # N36925

1. Entity Name

CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION,

Principal Place of Business	Mailing Address
3751 CAPE HAZE DRIVE CAPE HAZE FL 33946 US	P.O BOX 475 PLACIDA FL 33946-0475 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0183767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANDENBERGER, JOHN 3751 CAPE HAZE DRIVE SUITE 200 CAPE HAZE FL 33946	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FREY, GEORGE 4 WINDWARD CT CAPE HAZE FL 33946	XXX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Glenn Mauston 3751-B Cape Haze Drive Placida, FL 33946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCIRE, JOSEPH 5 SEAWARD CIR PLACIDA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLF, HARRY 12 ARLINGTON DR CAPE HAZE FL 33946	☒ XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jim Guilbault 3751-B Cape Haze Drive Placida, FL 33946	☐ Change ☒ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOOS, LEONARD 3751-B CAPE HAZE DR PLACIDA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Joe Pocklington 3751-B Cape Haze Drive Placida, FL 33946	☐ Change ☒ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Boos LEONARD BOOS 2/11/00 941-697-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #