

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36925

1. Entity Name

CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION.

Principal Place of Business

3751 CAPE HAZE DRIVE
CAPE HAZE FL 33946
US

Mailing Address

P.O BOX 475
PLACIDA FL 33946
US

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
VD
MAUSTON, GLENN
3751 B CAPE HAZE DR
PLACIDA FL 33946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ 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
Miller, Gaye
3751-B Cape Haze Drive
Placida, FL 33946 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GUILBAULT, JIM
3751 B CAPE HAZE DR
PLACIDA FL 33946 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Clary, Dena
3751-B Cape Haze Drive
Placida, FL 33946 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOOS, LEONARD
3751-B CAPE HAZE DR
PLACIDA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
POCKLINGTON, JOE
3751 B CAPE HAZE DR
PLACIDA FL 33946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Dena M. Clary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/15/01
Daytime Phone # 941-697-9722

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90071 037 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)