

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 007 ****70.00

DOCUMENT # N36925

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MAUPIN, PAUL
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
SD
WEEKLEY, HAZEL
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
TD
RALPH, BRIAN
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
HENDERSON, ARTHUR
3751 B CAPE HAZE DR
PLACIDA, FL 33946 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HENDERSON, VALERIE
3751-B CAPE HAZE DR.
PLACIDA, FL 33946 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HART, DIANE
3751-B CAPE HAZE DR.
PLACIDA, FL 33946 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MILLER, ROBERT
3751-B CAPE HAZE DR.
PLACIDA, FL 33946 ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

941-697-9722

Daytime Phone #