

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


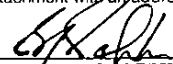
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Secretary of State

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01052006 Chg-NP CR2E037 (11/05)

DOCUMENT # N36925					
1. Entity Name CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3899 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRANDENBERGER, JOHN 3899 CAPE HAZE DRIVE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input checked="" type="checkbox"/> Delete		TITLE	TD
NAME	MAUPIN, PAUL			NAME	SCIRE, LYN
STREET ADDRESS	3899 CAPE HAZE DRIVE			STREET ADDRESS	3899 CAPE HAZE DRIVE
CITY-ST-ZIP	PLACIDA, FL 33946			CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	WEEKLEY, HAZEL			NAME	
STREET ADDRESS	3899 CAPE HAZE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PLACIDA, FL 33946			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	RALPH, BRIAN			NAME	
STREET ADDRESS	3899 CAPE HAZE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PLACIDA, FL 33946			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	VD
NAME	HENDERSON, VALERIE			NAME	LYMAN, ROBERT
STREET ADDRESS	3899 CAPE HAZE DRIVE			STREET ADDRESS	3899 CAPE HAZE DRIVE
CITY-ST-ZIP	PLACIDA, FL 33946			CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD
NAME	MILLER, ROBERT			NAME	WALCZAK, MARY ANN
STREET ADDRESS	3899 CAPE HAZE DRIVE			STREET ADDRESS	3899 CAPE HAZE DRIVE
CITY-ST-ZIP	PLACIDA, FL 33946			CITY-ST-ZIP	PLACIDA, FL 33946
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date: 2/8/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: 941-697-9722	