2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # N36925 1. Entity Name CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION, INC.							02-13-2006 90001 012 ****70.00				
3899 CAPE HAZE DRIVE P.O			Address OX 475 DA, FL 33946	US			l (TRYIS) SES	600142		un alan arbii arb	((P) 81 1881
2. Principal Place of Business		3. Maili	3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.					01052006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State					4. FEI Numbe 65-0183				plied For Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	nt Registere	d Agent				7. Name and	Address of New R	egistered	Agent	
BRANDENBERGER, JOHN 3899 CAPE HAZE DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)						
CAPE HAZ	ZE, FL 33946										•
					City				FL	Zip Code	3
	named entity submits this statement	for the purpo	se of changing its r	registere	ed office or	register	ed agent, or both	n, in the State of Flo	orida. I am	familiar with,	and accept
the obligat	tions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered age	nt and title it appl	icable. (NOTE:	: Registere	d Agent signal	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.					. ∣ M	iake checi	k payable te	•
	Due by May 1, 2006						\$5.00 May Be Added to Fees	Flor		rtment of St	
10.	OFFICERS AND E	DIRECTORS				-	Added to Fees	Flor	ida Depai		ate
TITLE	OFFICERS AND E	DIRECTORS		11.	ion.	TD	Added to Fees	NGES TO OFFICE	ida Depai		ate
TITLE NAME	OFFICERS AND E	DIRECTORS	Trust Fund Co	11. TITLE	ion.	TD	Added to Fees	NGES TO OFFICE	ida Depai	RECTORS IN	ate 10
TITLE NAME STREET ADDRESS	OFFICERS AND E VD MAUPIN, PAUL 3899 CAPE HAZE DRIVE	DIRECTORS	Trust Fund Co	11. TITLE NAM STRE	ET ADDRESS	TD SCI 389	Added to Fees ADDITIONS/CHA RE, LY^ 9 CAPE	Flor	ida Depai	RECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D VD MAUPIN, PAUL 3899 CAPE HAZE DRIVE PLACIDA, FL 33946	DIRECTORS	Trust Fund Co	11. TITLE NAM STRE	E E ET ADDRESS -ST-ZIP	TD SCI 389	Added to Fees ADDITIONS/CHA RE, LY^ 9 CAPE	NGES TO OFFICE	ida Depai	RECTORS IN	ate 10 X Addition
TITLE NAME STREET ADDRESS	OFFICERS AND E VD MAUPIN, PAUL 3899 CAPE HAZE DRIVE	DIRECTORS	Trust Fund Co	11. TITLE NAM STRE	E E ET ADDRESS -ST-ZIP	TD SCI 389	Added to Fees ADDITIONS/CHA RE, LY^ 9 CAPE	Flor	ida Depai	RECTORS IN	ate 10
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AND D VD MAUPIN, PAUL 3899 CAPE HAZE DRIVE PLACIDA, FL 33946 SD WEEKLEY, HAZEL	DIRECTORS	Trust Fund Co	11. TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESS -ST-ZIP	TD SCI 389	Added to Fees ADDITIONS/CHA RE, LY^ 9 CAPE	Flor	ida Depai	RECTORS IN	ate 10 🔯 Addition
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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 trueffe 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06

941-697-9722