
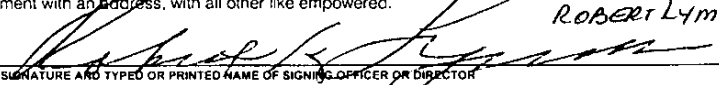


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90066 035 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0183767		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" 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, 2008		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCIRE, LYN		NAME	BRIGHTLY, BRIAN	
STREET ADDRESS	3899 CAPE HAZE DR		STREET ADDRESS	3899 CAPE HAZE DR.	
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKLEY, HAZEL		NAME	RUNDIO, LINDA	
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS	3899 CAPE HAZE DR	
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH, BRIAN		NAME	HACK, BRUCE	
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS	3899 CAPE HAZE DR.	
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYMAN, ROBERT		NAME		
STREET ADDRESS	3899 CAPE HAZE DR		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALCZAK, MARY ANN		NAME	HALEY, JERRY	
STREET ADDRESS	3899 CAPE HAZE DR		STREET ADDRESS	3899 CAPE HAZE DR.	
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROMA-CALDERARO, SUSAN	
STREET ADDRESS			STREET ADDRESS	3899 CAPE HAZE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	PLACIDA, FL 33946	
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: 			ROBERT LYMAN		
			Date		3/19/08
			Daytime Phone #		941-691-9722

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