

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36925

FILED
Mar 14, 2012
Secretary of State

Entity Name: CAPE HAZE WINDWARD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 475
PLACIDA, FL 33946 US

New Mailing Address:

FEI Number: 65-0183767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANDENBERGER, JOHN E
3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MISERLIAN, GARY
Address: 3899 CAPE HAZE DR.
City-St-Zip: ROTONDA WEST, FL 33947

Title: PD
Name: SMITH, WILLIAM P
Address: 3899 CAPE HAZE DR.
City-St-Zip: ROTONDA WEST, FL 33947

Title: TD
Name: KINNEY, JACQUELINE
Address: 3899 CAPE HAZE DR.
City-St-Zip: ROTONDA WEST, FL 33947

Title: VD
Name: DE ROSA, CARLO
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: VD
Name: GUCCIARDO, SUZANNE
Address: 3899 CAPE HAZE DR.
City-St-Zip: ROTONDA WEST, FL 33947

Title: SD
Name: HARMS, JOHN
Address: 3899 CAPE HAZE DR.
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM P. SMITH

PRES

03/14/2012

Electronic Signature of Signing Officer or Director

Date