2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005000

FILED May 01, 2006 Secretary of State

Entity Name: CAPE HAZE MARINA VILLAGE COMMUNITY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8242 HARBORSIDE CIRCLE 6950 PLACIDA ROAD ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 **Current Mailing Address: New Mailing Address:** P.O. BOX 41 PLACIDA, FL 33946 US FEI Number: 65-0911309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEATHLEY, TERRY KEATHLEY, TERRY 96 BEACHVIEW DRIVE 796 BEACHVIEW DRIVE US 2033 MAIN ST., STE. 403 BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 US 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: 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HUNT, NANCY Name: Name: Address: P.O. BOX 5264 Address: City-St-Zip: GROVE CITY, FL 34224 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition Name: DAVIS, BEN Name: THACKER, SHERRY R Address: 8246 HARBORSIDE CIRCLE Address: 8238 HARBORSIDE CIRCLE City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224 Title: PTD () Delete Title: () Change () Addition KEATHLEY, TERRY Name: Name: Address: P O BOX 41 Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRY M. KEATHLEY PTD 05/01/2006