

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90261 021 ****61.25

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1. Corporation Name

CAPE HAZE MARINA VILLAGE, PHASE I, SECTION 1, HO
MEOWNERS' ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 3400
PLACIDA FL 33946

Mailing Address

POST OFFICE BOX 3400
PLACIDA FL 33946



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 900 E. Pine St., #126

Suite, Apt. #, etc.

27 Suite 126

City & State

28 Englewood, FL

Zip

29 34223

Country

30 Charlotte

3. Date Incorporated or Qualified

08/26/1998

4. FEI Number

65-0911313

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MARTZ, JOE
STREET ADDRESS POST OFFICE BOX 3400
CITY-ST-ZIP PLACIDA FL 33946

TITLE PASD ☒ DELETE

NAME KEATHLEY, KERRY
STREET ADDRESS 451 MONTANA DRIVE
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE VSTD ☐ DELETE

NAME KEATHLEY, TERRY
STREET ADDRESS 7520 SE FEDERAL HIGHWAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary / Director ☐ Change ☒ Addition

1.2 NAME Nancy Hunt

1.3 STREET ADDRESS P.O. Box 5264

1.4 CITY-ST-ZIP Grove City, FL 34224

2.1 TITLE Pres/Treasurer/ Director ☐ Change ☒ Addition

2.2 NAME Scott Albert

2.3 STREET ADDRESS 210 N. Green Dolphin Dr.

2.4 CITY-ST-ZIP Placida, FL 33946

3.1 TITLE Vice Pres/Director ☒ Change ☐ Addition

3.2 NAME Terry M. Keathley

3.3 STREET ADDRESS 8041 Bay Pointe Dr.

3.4 CITY-ST-ZIP Englewood, FL 34224

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)