03-09-1999 90129 005 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000024437

CAPE HAZE MARINA VILLAGE, INCORPORATED

										.1113		, BIORE'	
Principal Place of Business Mailing Address													
6950 PLACIDA I	P.O. BOX 3400											•	
CAPE HAZE FL	33946	CAPÉ HAZE FL 33946				DO NOT WRITE IN THIS SPACE							
US		US				3. Date Incorporated or Qualifed							
						03/1	8/1994						<u> </u>
2. Principal Pl	ace of Business	2a. Mailing Address				. 4, FEI Number -					- L		lied For
21	<del>-</del>	26				<u>65-0</u>	<u> 477427</u>						Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certife	cate of Sta	tus Desire	ed 🗆	3	<b>.</b>		dditional
22		27					****					e Rec	
City & State	e	City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
23		Zip Country					Fund Cont						rees
Zip	Country Zip			itry			corporation		current ;	year Inta			DANO
24	25	29 30	1				nal Proper e and Add		low Bosi	etorod (	Yes	, ,	No
	9. Name and Address of Curre	int Registered Agent		81 Name		10. Name	е апо доо	ress of N	ew Kegi	2fal 60 Y	(gent		-
KEA1	THLEY, KERRY					RRY	KER	th Le	:¥				
		82 Stree	et Address	s (P.O. Bo	XEF ox Number	is Not Acc	ceptable)	)					
6950 PLACIDA ROAD CAPE HAZE FL 33946				83	695	50 Y	LACID	4. K	DAD	——			
CAF	L TIALE PE 33940			83									
			r	84 City							85	Zip C	
					Car	OF HI	AZE			<u>FĻ</u>	<u> </u>	<u> 33</u>	946
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with and accept the oblig	02 and 607.1508, Florida Statutes,	the ab oxized	ove-name	ed corpora	ation subm s board of	nits this sta directors.	tement for	r the purp accept th	pose of d e appoin	:hangir itment	ng its r as reg	egistered istered
agent. I a	m familiar with and accept the oblig	ations of, Section 607.0505, Florida	Statu	*	11-					• •		_	
SIGNATURE	X 2000 - 100	100 - V / \	_ v	V	- •								
	* **** // <b>*</b>		<u> </u>	Agent signatur	dw beniupen er					DATE			3C IN 12
12.		ND DIRECTORS	13.			ADDIT	IONS/CHA	NGES IC	JOFFICE	EKS AN	U DIRE		Addition
TITLE	PS TERROR	LWELETE	1.1 TIT									ingo	
NAME	KEATHLEY, TERRY		1.2 NA		-								
STREET ADDRESS	6950 PLACIDA ROAD		1.3 STF	REET ADDRES	SS								
CITY-ST-ZIP	CAPE HAZE FL 33946			Y+ST-ZIP									Addition .
TITLE	VP	DELETE	2.1 TITE			•					☐ Cha	ange	☐ Modition
NAME	KEATHLEY, KERRY	/	/ 2.2 NAI				_					•	
STREET ADDRESS	1200 US 27	, *	2.3 STF	2.3 STREET ADDRESS									į
CITY-ST-ZIP	DAVENPORT FL 33837			2. 4 CITY-ST-ZIP				<u> </u>					F7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE	VP	<b>X</b> DELETE	3.1 TITI	LE							Ch	ange	Addition
NAME	KEATHLEY, KERRY		3.2 NA	ME									
STREET ADDRESS	6950 PLACIDA ROAD	٧	3.3 STF	REET ADDRES	ss							*	
CITY-ST-ZIP	CAPE HAZE FL 33946		3.4. CIT	ry-st-zip	_								A state
TITLE	VP	☐ DELETE	4.1 TIT	LE							Ch	ange	Addition
NAME	BURKE, MARK E		4. 2 NA	ME	İ								
STREET ADDRESS	6950 PLACIDA ROAD		4.3 STF	REET ADDRES	ss								
CITY-ST-ZIP	CAPE HAZE FL 33946		4.4 CIT	Y-ST-ZIP									
TITLE	T	☐ DELETE	5.1 TITI								. □ Ch	ange	Addition
NAME	LOUMANN, RAY		5.2 NA										
STREET ADDRESS	6950 PLACIDA ROAD		53 STF	REET ADDRES	SS								
CITY-ST-ZIP	CAPE HAZE FL 33946			Y-ST-ZIP	1								
TITLE		☐ DELETE	6.1 TIT	LE							☐ Cha	ange	Addition
NAME			6.2 NAI	ME									
CTREET ADORCOG			6.3 STF	REET ADDRES	ss								

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 607, 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.

BKT