Current Mai	iling Address:			
PO BOX 308 PLACIDA, F	35 FL 33946 US			
FEI Number: 20-8514368			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
FREEMAN, PA 3754 CAPE HA ROTONDA WE				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE: PAUL T. FREEMAN				04/14/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	VP	Title	PRESIDENT	
Name	POWELL, JAMES N	Name	TRAVERS, HENRY	
Address	PO BOX 3085	Address	PO BOX 3085	
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946	
Title	TREASURER	Title	SECRETARY	
Name	EGIDI, CARRIE	Name	BARTON, TINA	
Address				
Address	PO BOX 3085	Address	PO BOX 3085	

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: HENRY TRAVERS

PRESIDENT

04/14/2022

FILED Apr 14, 2022 Secretary of State 8410833234CC

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8401 PLACIDA ROAD PLACIDA, FL 33946

F

N

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CAPE HAZE RESORT COMMUNITY ASSOCIATION, INC.

DOCUMENT# N0700000009

Current Principal Place of Business:

Electronic Signature of Signing Officer/Director Detail

Date