

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742001** (1)

1. Corporation Name

CAPTAIN'S KEY PROPERTY OWNERS, INC.



Principal Place of Business

Mailing Address

% 12127 CAPTAINS LANDING
NORTH PALM BEACH FL 33408

12101 CAPTAINS LANDING
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified
03/15/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

33408

USA.

4. FEI Number
65-0051919

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANISTER, JOHN
12127 CAPTAINS LANDING
N. PALM BEACH FL 33408**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BANISTER, JOHN**
STREET ADDRESS **12127 CAPTAINS LANDING**
CITY-ST-ZIP **N PALM BCH FL 33408**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GRITZ, MAUREEN**
STREET ADDRESS **12132 CAPTAINS LANDING**
CITY-ST-ZIP **N PALM BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **SCHEFTER, FREDA**
STREET ADDRESS **1345 OYSTER BAY DRIVE**
CITY-ST-ZIP **N PALM BCH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Jon Naree**
3.3 STREET ADDRESS **12104 Captains Landing**
3.4 CITY-ST-ZIP **North Palm Bch, FL 33408**

TITLE **VD** ☐ DELETE
NAME **HARMON, KEN**
STREET ADDRESS **12071 CAPTAINS LANDING**
CITY-ST-ZIP **N PALM BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96

Date

407.655-7776

Daytime Phone

CR2E037 (12/95)