

FILE NOW: FILING FEE IS \$61.25

07/08/99

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90069 006 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 742001

1. Corporation Name

CAPTAIN'S KEY PROPERTY OWNERS, INC.

Principal Place of Business
% 12127 CAPTAINS LANDING
NORTH PALM BEACH FL 33408

Mailing Address
12127 CAPTAINS LANDING
N. PALM BEACH FL 33408



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/15/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0051919

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 NARCEE, JON
STREET ADDRESS 12124 CAPTAINS LANDING
CITY-ST-ZIP N PALM BCH FL 33408

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 561655-7776
Date Daytime Phone #

241700

CR2E037 (11/98)