

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0089303

04-25-2001 90039 043 ****61.25

DOCUMENT # 764615

1. Entity Name
CAPTAIN'S HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2215 E STATE RD 200 **P.O. BOX 1987**
YULEE FL 32097 **YULEE FL 32097**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2362963 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POOWELL, TERRELL J
2215 E STATE RD 200
YULEE FL 32097

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, JUDY	
STREET ADDRESS	2135 EASTERN AVENUE	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARROLL, PATRICK	
STREET ADDRESS	W7698 TURTLE LAKE ROAD	
CITY-ST-ZIP	DELEVAN WI 53115	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, PATRICIA	
STREET ADDRESS	W7698 TURTLE LAKE ROAD	
CITY-ST-ZIP	DELEVAN WI 53115	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NIEMAS, WENDY	
STREET ADDRESS	7225 LAKEHILL	
CITY-ST-ZIP	CINCINNATI OH 45230	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, MERV	
STREET ADDRESS	445 PARLIAMENT	
CITY-ST-ZIP	MARTINEZ GA 30907	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAM AULD	
STREET ADDRESS	2160-C SUDLER RD	
CITY-ST-ZIP	AMELIA IS FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. DOUG. STRELKA	
STREET ADDRESS	3420 LISMORE	
CITY-ST-ZIP	CONYERS GA 30058	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick Carroll* **PRESIDENT** 4-12-01 262 728 3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)