

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90666 028 ****61.25

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DOCUMENT # 764615

1. Entity Name

CAPTAIN'S HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2215 E STATE RD 200
 YULEE FL 32097

P.O. BOX 1987
 YULEE FL 32097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2362963

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~POWELL~~
POWELL, TERRELL J
 2215 E STATE RD 200
 YULEE FL 32097

~~POWELL, TERRELL J~~
 Name
POWELL, TERRELL J
 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 *Terrell J. Powell*
 Signature, typed or printed name of registered agent and title if applicable.

Terrell J. Powell
 (NOTE: Registered Agent signature required when reinstating)

4.3.02
 DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VP	<input type="checkbox"/> Delete
NAME	STRELKA, DOUG	
STREET ADDRESS	3420 LISMORE	
CITY-ST-ZIP	CONYERS GA 30058	
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	AULD, WILLIAM	
STREET ADDRESS	2160-C SMOLER ROAD	
CITY-ST-ZIP	AMEILA ISLAND FL 32034	

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	2445 Cardinal Hill Court
CITY-ST-ZIP	Cincinnati OH 45230-1476
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	STRELKA, SHERRY
CITY-ST-ZIP	3420 Lismore 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	

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* **CARROLL, PATRICK** 2-28-02 608-362-2268
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)