

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764615

FILED
Apr 27, 2004
Secretary of State

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

Current Principal Place of Business:

2215 E STATE RD 200
YULEE, FL 32097

New Principal Place of Business:

463499 SR 200
YULEE, FL 32097

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 32097

New Mailing Address:

FEI Number: 59-2362963 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

POWELL, TERRELL J
463499 SR 200
YULEE, FL 32097

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: 04/27/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PECK, JUDY,
Address: 2445 CARDINAL HILL COURT
City-St-Zip: CINCINNATI, OH 452301476

Title: PD () Delete
Name: CARROLL, PATRICK
Address: W7698 TURTLE LAKE ROAD
City-St-Zip: DELEVAN, WI 53115

Title: D () Delete
Name: CARROLL, PATRICIA
Address: W7698 TURTLE LAKE ROAD
City-St-Zip: DELEVAN, WI 53115

Title: VP () Delete
Name: STRELKA, SHERRY
Address: 3420 LISMORE
City-St-Zip: CONYERS, GA 30058

Title: D (X) Delete
Name: JOHNS, MERV
Address: 445 PARLIAMENT
City-St-Zip: MARTINEZ, GA 30907

Title: T (X) Delete
Name: AULD, WILLIAM
Address: 87 SOUTH FLETCHER AVE
City-St-Zip: AMEILA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRELKA, DOUG
Address: 3420 LISMORE
City-St-Zip: CONYERS, GA 30012

Title: VD (X) Change () Addition
Name: CARROLL, PATRICK
Address: W7698 TURTLE LAKE ROAD
City-St-Zip: DELEVAN, WI 53115

Title: TD (X) Change () Addition
Name: SHOUGH, LISA
Address: 6016 PARKS EDGE LN
City-St-Zip: DALLAS, TX 75252

Title: SD (X) Change () Addition
Name: STRELKA, SHERRY
Address: 3420 LISMORE
City-St-Zip: CONYERS, GA 30058

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DOUG STRELKA PD Date: 04/27/2004
Electronic Signature of Signing Officer or Director