


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90353 013 ****61.25

DOCUMENT # 764615

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



Principal Place of Business
**2215 E STATE RD 200
YULEE FL 32097**

Mailing Address
**P.O. BOX 1987
YULEE FL 32097**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2362963** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Terrell J. Powell* *Terrell J. Powell* **5-1-03**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, JUDY	
STREET ADDRESS	2445 CARDINAL HILL COURT	
CITY-ST-ZIP	CINCINNATI OH 45230-1476	
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, SHERRY	
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 87 SOUTH FLETCHER AVE.	
CITY-ST-ZIP	AMEILA ISLAND FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Auld, William	
STREET ADDRESS	87 S Fletcher Ave	
CITY-ST-ZIP	Fernandina Beach FL 32034	

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 supplement 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: *William Auld* **REQUIRED** **4/17/03** **277-9702**

CR2E037 (10/02)