

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# N02000008413

Entity Name: CAPTAIN'S COVE OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19811 GULF BLVD  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19534 GULF BLVD  
202  
INDIAN SHORES, FL 33785

**New Mailing Address:**

FEI Number: 05-0541278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, WILLIAM F  
19534 GULF BLVD  
202  
INDIAN SHORES, FL 33785 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BISHOP, DON  
Address: 18222 CLEAR LAKE DRIVE  
City-St-Zip: LUTZ, FL 33548

Title: STD (X) Delete  
Name: MASSROCK, MICHAEL  
Address: 4008 LIGUSTRUM DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: ALBAND, MICHAEL  
Address: 19811 GULF BLVD #208  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D (X) Delete  
Name: COLLINS, DAVID  
Address: 2500 RECKER HIGHWAY  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete  
Name: STAHLSCHMIDT, DOUG  
Address: 15267 NOONING TREE CT  
City-St-Zip: CHESTERFIELD, MO 63017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: ALBAND, MICHAEL  
Address: 19811 GULF BLVD #208  
City-St-Zip: INDIAN SHORES, FL 33785

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 exemption stated in Chapter 119, 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: DON BISHOP

PD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date