

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008413

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**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:**

C/O S/3 CONSULTING GROUP, LLC  
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: SD  
Name: COLLINS, DAVID  
Address: 2500 RECKER HIGHWAY  
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: VD  
Name: STAHLSCHEMIDT, DOUG  
Address: 15267 NOONING TREE CT  
City-St-Zip: CHESTERFIELD, MO 63017

Title: TD  
Name: BRADISH, JANICE C  
Address: 19811 GULF BLVD # 204  
City-St-Zip: INDIAN SHORES, FL 33785 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL ALBAND

PD

04/13/2012

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

\_\_\_\_\_  
Date