## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742001** 

Entity Name: CAPTAIN'S KEY PROPERTY OWNERS, INC.

ntity name: Captain's Key Property Owners, II

**Current Principal Place of Business:** 

12101 CAPTAINS LANDING NORTH PALM BEACH. FL 33408

**Current Mailing Address:** 

C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY BOCA RATON, FL 33428 US

FEI Number: 65-0051919 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA SKYLINE MANAGEMENT 9425 OLD CLUB RD. PARKLAND, FL 33076 US

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: KARLA RAMIREZ 04/05/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name BIGGINS, JOSEPH Name MAHONEY, JAMES

Address C/O FLORIDA SKYLINE MANAGEMENT Address C/O FLORIDA SKYLINE MANAGEMENT

22163 MAJESTIC WOODS WAY 22163 MAJESTIC WOODS WAY

City-State-Zip: BOCA RATON FL 33428 City-State-Zip: BOCA RATON FL 33428

Title TREASURER Title SECRETARY

Name JAVE, YEFRY Name JONES, CHRISTINE

Address C/O FLORIDA SKYLINE MANAGEMENT Address C/O FLORIDA SKYLINE MANAGEMENT

22163 MAJESTIC WOODS WAY 22163 MAJESTIC WOODS WAY

City-State-Zip: BOCA RATON FL 33428 City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR Title DIRECTOR

Name GEORGE, MANJU Name SHAPIRO, LYNN

Address C/O FLORIDA SKYLINE MANAGEMENT Address C/O FLORIDA SKYLINE MANAGEMENT

22163 MAJESTIC WOODS WAY 22163 MAJESTIC WOODS WAY

City-State-Zip: BOCA RATON FL 33428 City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR

Name SALOUR, NADER

Address C/O FLORIDA SKYLINE MANAGEMENT

22163 MAJESTIC WOODS WAY

City-State-Zip: BOCA RATON FL 33428

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: BIGGINS, JOSEPH PRESIDENT 04/05/2025

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 05, 2025

**Secretary of State** 

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