

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008413

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

**FILED  
Mar 18, 2016  
Secretary of State  
CC4281198352**

**Current Principal Place of Business:**

19811 GULF BLVD  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

C/O S/3 CONSULTING GROUP, LLC  
19534 GULF BLVD # 202  
INDIAN SHORES, FL 33785

**FEI Number: 05-0541278**

**Certificate of Status Desired: No**

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

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

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name COLLINS, DAVID  
Address 2500 RECKER HIGHWAY  
City-State-Zip: WINTER HAVEN FL 33880

Title VP, DIRECTOR  
Name CENTENO, TINA  
Address 19811 GULF BLVD # 306  
City-State-Zip: INDIAN SHORES FL 33785

Title PRESIDENT, DIRECTOR  
Name SOLIS, MANUEL  
Address 19811 GULF BLVD  
301  
City-State-Zip: INDIAN SHORES FL 33785

Title TREASURER, DIRECTOR  
Name ELLIS, CRINNA  
Address 5011 UMBER WAY NORTH  
City-State-Zip: TAMPA FL 33624

*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: MANUEL SOLIS**

**PRESIDENT & DIRECTOR 03/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date