

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008413

**FILED  
Mar 22, 2017  
Secretary of State  
CC4156095974**

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

**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            MCGAURAN, BRENDAN  
Address        19811 GULF BLVD # 108  
City-State-Zip: INDIAN SHORES FL 33785

*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    03/22/2017**

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

\_\_\_\_\_  
Date