

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008413

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

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**5124555636CC**

**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           DIRECTOR, VP  
Name           BRUNO, ANTHONY  
Address        19811 GULF BLVD # 306  
City-State-Zip: INDIAN SHORES FL 33785

Title           DIRECTOR, PRESIDENT  
Name           FALLER, LINDA  
Address        19811 GULF BLVD  
                  #301  
City-State-Zip: INDIAN SHORES, FL 33785

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

Title           DIRECTOR, TREASURER,  
                  SECRETARY  
Name           HERRING, SCOTT  
Address        246 BLUE STONE CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

*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: FALLER, LINDA**

**PRESIDENT**

**04/18/2023**

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

\_\_\_\_\_  
Date