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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **520630** **(5)**

1. Corporation Name

CAPTAIN'S COVE DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
5900 ENTERPRISE PARKWAY FT MYERS FL 33905	5900 ENTERPRISE PARKWAY FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/21/1976**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

4. FEI Number: **59-1714429** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUNDSCHU, CHARLES CIII
5900 ENTERPRISE PARKWAY
FT MYERS, FL
33905

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	BUNDSCHU, CHRIS	12 NAME	
STREET ADDRESS	5900 ENTERPRISE PARKWAY	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	14 CITY-ST-ZIP	33905
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	VETTRAINO, LOUIS	22 NAME	
STREET ADDRESS	5900 ENTERPRISE PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	24 CITY-ST-ZIP	33905
TITLE	STD	31 TITLE	☐ Change ☒ Addition
NAME	BUNDSCHU, GAYLE	32 NAME	
STREET ADDRESS	5900 ENTERPRISE PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	34 CITY-ST-ZIP	33905
TITLE	VD	41 TITLE	☐ Change ☒ Addition
NAME	VETTRAINO JR, HENRY	42 NAME	
STREET ADDRESS	5900 ENTERPRISE PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	44 CITY-ST-ZIP	33905
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

JB 5/15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Chris Bundschu 4/10/95 (813)693-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332078 CP