

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738568

FILED
Jan 09, 2009
Secretary of State

Entity Name: CAPTAIN'S COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% P.O. BOX 23
BOKEELIA, FL 33922 US

New Principal Place of Business:

16344 SHOAL CT.
BOKEELIA, FL 33922 US

Current Mailing Address:

% P.O. BOX 23
BOKEELIA, FL 33922 US

New Mailing Address:

16344 SHOAL CT.
BOKEELIA, FL 33922 US

FEI Number: 59-1809344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 339120000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BIRELEY, DENNIS
Address: 16344 SHOAL CT
City-St-Zip: BOKEELIA, FL 33922

Title: DVP () Delete
Name: GALLAGER, TERRANCE
Address: 16872 SHOAL CT
City-St-Zip: BOKEELIA, FL 33922

Title: DP () Delete
Name: HAMP, RICHARD
Address: 7815 DELLA BITTA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: DVP () Delete
Name: HINSCH, FRIEDRICH
Address: 7898 GABREN CT
City-St-Zip: BOKEELIA, FL 33922

Title: DT () Delete
Name: WEDEKING, DEBORAH
Address: 7981 DELLA BITTA LN
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: HINSCH, FRIEDRICH
Address: 7898 GABION CT
City-St-Zip: BOKEELIA, FL 33922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS BIRELEY

DS

01/09/2009

Electronic Signature of Signing Officer or Director

Date