FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739614** **(6)**

1. Corporation Name

CAPTAIN'S WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11595 KELLY ROAD, INC. SUITE 123 FORT MYERS, FL 33908	11595 KELLY ROAD, INC. SUITE 123 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1977
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1731692 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22: Delete "Suite 123" — 27: Delete "Suite 123"
City & State — 23 — 28
Zip — 24 — Country — 25 — Zip — 29 — Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INNOVATIVE MANAGEMENT GROUP INC.
11595 KELLY ROAD
SE. 123
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Carol J. Henke c/o Innovative Management Group
82 Street Address (P.O. Box Numbers Not Acceptable)
83: Delete "Se. 123"
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: Carol J Henke — 2/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	HAGAN, FRANK	1.2 NAME		
STREET ADDRESS	561 PERIWINKLE WAY, #F3	1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	COPE, LAURA	2.2 NAME	Delete	
STREET ADDRESS	641 PERIWINKLE WAY, #A5	2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	VPD	☐ Change ☐ Addition
NAME	KING, PATRICIA	3.2 NAME		
STREET ADDRESS	101 JAMES ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD NJ	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	STD	☐ Change ☒ Addition
NAME		4.2 NAME	Athar, Roger	
STREET ADDRESS		4.3 STREET ADDRESS	199 West Center Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Manchester, CT 06040	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Hagan — 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK HAGAN

0010234