FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 739614 (6)

1. Corporation Name

CAPTAIN'S WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11595 KELLY RD INC FORT MYERS, FL 33908 US	11595 KELLY RD INC FORT MYERS, FL 33908 US

3. Date Incorporated or Qualified: 07/08/1977

3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21: 12661 New Brittany Blvd.
22: Suite, Apt. #, etc.
23: City & State: Fort Myers
24: Zip: 33907
25: Country: USA

2a. Mailing Address
26: 12661 New Brittany Blvd.
27: Suite, Apt. #, etc.
28: City & State: Fort Myers
29: Zip: 33907
30: Country: USA

4. FEI Number: 59-1731692 ☐ 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**

HENKE, CAROL J.
%INNOVATIVE MGMT GROUP
11595 KELLY RD
FORT MYERS FL 33908

10. **Name and Address of New Registered Agent**

81 Name: [redacted] Peter Stilphen
82 Street Address (P.O. Box Number is Not Acceptable): 12661 New Brittany Blvd.
83:
84 City: Fort Myers FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: PETER STILPHEN Peter Stilphen 1/23/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGAN, FRANK 561 PERIWINKLE WAY, #F3 SANIBEL, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ATHER, ROGER 199 W CENTER ST MANCHESTER CT	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KING, PATRICIA 101 JAMES ST. BLOOMFIELD NJ	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	VPD Britz, Robert 40 Hill Road Belmont, MA 02178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	TD Mischel, Sidney 1896 Albany Avenue West Hartford, CT 06117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: [signature] _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR