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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90039 003 ****61.25

DOCUMENT # 739614

1. Corporation Name
Captains Walk Condominium Association, Inc.

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1200 Periwinkle Way	26 c/o Heritage Resorts Mgmt, Inc.	07/08/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number ☐ Applied For ☐ Not Applicable
22 Suite 2	27 1200 Periwinkle Way, Suite 2	59-1731692
City & State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 Sanibel, FL	28 Sanibel, FL	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 33957 25 USA	29 33957 30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Peter Stilphen - Heritage Resorts Mgmt, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Periwinkle Way, Suite 2
83
84 City: Sanibel FL 85 Zip Code: 33957

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 A Stilphen PETER A STILPHEN 3/22/99
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 LIMERI, DIANE 561 Periwinkle Way #E6 Sanibel FL 33957	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAROSE, MARLENE 561 Periwinkle Way #F2 Sanibel FL 33957	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD ATNER, ROGER 199 West Center Street Manchester, CT 06040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD BEJIN, JOSEPH 17967 Candlewood Court Noblesville, IN 46060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D HAGAN, NORMA 561 Periwinkle Way #F4 Sanibel, FL 33957	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Diane Limeri Pres. 3-31-99 472-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #