## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 16, 2001 8:00 am Secretary of State DOCUMENT # 739614 1. Entity Name 05-16-2001 90230 033 \*\*\*\*61.25 CAPTAIN'S WALK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1200 PERWINKLE WAY 1200 PERWINKLE WAY 764468 SUITE #2 SUITE #2 SANIBEL FL 33957 SANIBEL FL 33957 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1731692 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Heritage Mant Realt PAPPAS, CAROL Inc <u>Mamt</u> HERITAGE RESORTS MANAGEMENT, INC. 1200 PERIWINKLE WAY, SUITE #2 SANIBEL FL 33957 City Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Delete TITLE Change ☐ Addition LIMERI, DIANE NAME NAME STREET ADDRESS 561 PERIWINKLE WAY, #E6 STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HICKS, J. LESUE JR. NAME NAME STREET ADDRESS 601 PERIWINKLE WAY C1 STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 C!TY-ST-ZIP SD. TITLE ☐ Delete - ~ Change ☐ Addition ATHER, ROGER NAME STREET ADDRESS 199 WEST CENTER STREET STREET ADDRESS CITY-ST-ZIP MANCHESTER CT 06040 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BEJIN, JOSEPH NAME NAME STREET ADDRESS 17967 CANDLEWOOD CT STREET ADDRESS CITY-ST-ZIP **NOBLESVILLE IN 46060** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Roni Jo Freer HAGAN, NORMA NAME NAME sci Periwinkle STREET ADDRESS 561 PERIWINKLE WAY, #F4 STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-7IP TITI E ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Diane M. Limeri

472-3521

**FILED**