

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90005 029 ****61.25

DOCUMENT # 739614

1. Entity Name

CAPTAIN'S WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ISLAND REALTY & MANAGEMENT
P.O. BOX 100
SANIBEL FL 33957
US

C/O ISLAND REALTY & MANAGEMENT
P.O. BOX 100
SANIBEL FL 33957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1731692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPPAS, CAROL
HERITAGE MGMT REALTY, INC.
1200 PERIWINKLE WAY, SUITE #2
SANIBEL FL 33957

Name
Carol Pappas
Street Address (P.O. Box Number is Not Acceptable)
clo Island Realty +management
PO Box 100 - 703 Tarpon Bay Road
City
Sanibel **FL** Zip Code
33957

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: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LIMERI, DIANE
561 PERIWINKLE WAY, #E6
SANIBEL FL 33957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HICKS, J. LESLIE JR.
601 PERIWINKLE WAY C1
SANIBEL FL 33957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ATHER, ROGER
199 WEST CENTER STREET
MANCHESTER CT 06040

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BEJIN, JOSEPH
17967 CANDLEWOOD CT
NOBLESVILLE IN 46060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FREER, RONI JO
561 PERIWINKLE WAY F1
SANIBEL FL 33957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02 **941-472-6979**

Date

Daytime Phone #

CR2E037 (9/01)