

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90240 002 \*\*\*\*61.25

<b>DOCUMENT # 739614</b> 1. Entity Name <b>CAPTAIN'S WALK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ISLAND REALTY &amp; MANAGEMENT</b> <b>P.O. BOX 100</b> <b>SANIBEL, FL 33957 US</b>			Mailing Address <b>C/O ISLAND REALTY &amp; MANAGEMENT</b> <b>P.O. BOX 100</b> <b>SANIBEL, FL 33957 US</b>		
2. Principal Place of Business <b>do Island Management Group</b> Suite, Apt. #, etc.			3. Mailing Address <b>do Island Management Group</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1731692</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PAPPAS, CAROL</b> <b>C/O ISLAND REALTY &amp; MANAGEMENT</b> <b>P.O. BOX 100-703 TARPON BAY ROAD</b> <b>SANIBEL, FL 33957</b>				7. Name and Address of New Registered Agent Name <b>Steven J. Mackesy</b> Street Address (P.O. Box Number is Not Acceptable) <b>do Island Management Group</b> <b>P.O. Box 100 - 711 Tarpon Bay Road</b> City <b>Sanibel</b> FL <b>33957</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Steven Mackesy</b> <b>4-11-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BEJIN, JOSEPH</b> <b>17962 CANDLEWOOD CT.</b> <b>NOBLESVILLE, IN 46060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LAROSE, MARLENE</b> <b>561 PERWINKLE WAY F2</b> <b>SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ATHER, ROGER</b> <b>561 PERWINKLE WAY E2</b> <b>SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DEWITT, DORIS</b> <b>641 PERWINKLE WAY B8</b> <b>SANIBEL, FL 33957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>WARNER, ARTHUR</b> <b>601 PERWINKLE WAY 01</b> <b>SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Rose Ann English</b> <b>641 Periwinkle Way N4</b> <b>Sanibel FL 33957</b>	
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: <b>1-27-05</b> <b>239-472-5008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					