


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90003 023 \*\*\*\*61.25

<b>DOCUMENT # 739614</b>	
1. Entity Name CAPTAIN'S WALK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US	Mailing Address C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US
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2. Principal Place of Business - No P.O. Box # <i>C/o Property Keepers</i> Suite, Apt. #, etc. <i>6062 Dinkins LK Rd</i> City & State <i>Sanibel, FL</i> Zip <i>33957</i> Country <i>USA</i>	3. Mailing Address <i>C/o Property Keepers</i> Suite, Apt. #, etc. <i>P.O. Box 964</i> City & State <i>Sanibel, FL</i> Zip <i>33957</i> Country <i>USA</i>
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6. Name and Address of Current Registered Agent MACKESY, STEVEN J C/O ISLAND MANAGEMENT GROUP 703 TARPON BAY ROAD SANIBEL, FL 33957	
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**40022354**

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1731692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name <i>Debra Canty</i> Street Address (P.O. Box Number is Not Acceptable) <i>6062 Dinkins LK Rd</i> City <i>Sanibel</i> FL Zip Code <i>33957</i>	
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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 *K. Debra Canty* DATE *1-25-07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEJIN, JOSEPH 17962 CANDLEWOOD CT. NOBLESVILLE, IN 46060 <input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PD Bejin, Joseph 17962 Candlewood Ct Noblesville, IN 46060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAROSE, MARLENE 561 PERWINKLE WAY F2 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	VD Dominic maita 310 PARK Ave Long Beach, NJ 07740 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATHER, ROGER 561 PERWINKLE WAY E2 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	TD Vincent Buccigrossi 4 Dorothy Ct middletown, NJ 07748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARNER, ARTHUR 601 PERWINKLE WAY 01 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	SD John mulligan 401 E Virginia Ave Manasquan, NJ 08736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, ROSE ANN 641 PERIWINKLE WAY A4 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Robert Tolley 417 Allen-A-Dale #410 Sherwood Forest, MD 21405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* DATE *2/6/07* DAYTIME PHONE # *472-5417*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR