


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 037 ****61.25

DOCUMENT # 739614	
1. Entity Name Captain's Walk Condo 242666	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 6062 Dinkins LK Rd	3. Mailing Address P.O. Box 964
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sanibel, FL	City & State Sanibel, FL
Zip 33957	Country Lee

40103064
CR2E037B (5/07)

DO NOT WRITE IN THIS SPACE	4. FEI Number 242666	Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>
	7. Name and Address of Current Registered Agent	
	Name Debra Canty Street Address (P.O. Box Number is Not Acceptable) 6062 Dinkins LK Rd 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Debra Canty** **6-11-08**
Signature, typed or printed name of registered agent, or both if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended AR	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, Treas Vincent Buccigrosso 4 Dorothy Ct Middletown, NJ 07748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dominick Malta 310 Park Ave Long Beach, NJ 07740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Ather 561 Periwinkle Way #E2 Sanibel, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Mulligan 401 E Virginia Ave Manasquan, NJ 08736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Bejin 17967 Candlewood Ct Noblesville, IN 46066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other fee empowered.

SIGNATURE: **Vinny Buccigrosso** **6/13/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #