

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 040 ****61.25

DOCUMENT # 746901

1. Entity Name

CAPTAIN'S COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**205 S. BANANA RIVER BLVD.
COCOA BEACH FL 32931**

Mailing Address

**P.O. BOX 320283
COCOA BEACH FL 32932-0283**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2357472

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RIGERMAN, MARILYN A.
200 NORTH FIRST STREET
COCOA BEACH FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STEWART, BETTY	
STREET ADDRESS	205 S BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, CLARK	
STREET ADDRESS	205 S. BANANA RIVER BLVD.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	VOLMER, EUGENE	
STREET ADDRESS	205 S BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SHEPARD, KAREN	
STREET ADDRESS	205 S. BANANA RIVER BLVD.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Malone	
STREET ADDRESS	205 S Banana River Blvd	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Truesdell	
STREET ADDRESS	205 S Banana River Blvd	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geraldine Sekora	
STREET ADDRESS	205 S Banana River Blvd	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Bray	
STREET ADDRESS	205 S Banana River Blvd	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Barnhart	
STREET ADDRESS	205 S Banana River Blvd	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph Malone

Joseph Malone 2-28-06