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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR -7 PM 1:46

DOCUMENT # 749920 (5)

1. Corporation Name

CAPTAIN'S COVE CONDOMINIUM ASSOCIATION OF FORT M YERS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 76 BOKEELIA FL 33922	POST OFFICE BOX 76 BOKEELIA FL 33922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1979
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2071152 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
8260 COLLEGE PARKWAY
SUITE 104
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President/D	☒ Change ☐ Addition
NAME	THOMAS, JAMES	1.2 NAME	Carl R. Kronk	
STREET ADDRESS	16385 BOYCE DRIVE #504	1.3 STREET ADDRESS	16385 Boyce Dr. # 401	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	Bokeelia, FL 33922	
TITLE	VD	2.1 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	KELLEY, HUNTER	2.2 NAME	Norman Musteffe	
STREET ADDRESS	16385 BOYCE DRIVE #302	2.3 STREET ADDRESS	16385 Boyce Dr. # 104	
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	BARTHOLOMEW, AMY	3.2 NAME	Shirley Yarnell	
STREET ADDRESS	16385 BOYCE DRIVE #502	3.3 STREET ADDRESS	16385 Boyce Dr. # 105	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME		4.2 NAME	Joseph L. Siegley	
STREET ADDRESS		4.3 STREET ADDRESS	16385 Boyce Dr. # 202	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bokeelia, FL 33922	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl R. Kronk 3-1-95 813 283-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARL R. KRONK

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