

CORRECT

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May 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749920 (5)

1. Corporation Name

CAPTAIN'S COVE CONDOMINIUM ASSOCIATION OF FORT MYERS, INC.

Principal Place of Business

12734-32 KENWOOD LANE
FORT MYERS FL 33907

Mailing Address

12734-32 KENWOOD LANE
FORT MYERS FL 33907-5634

2. Principal Place of Business

2a. Mailing Address

CVO Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907CVO Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 339073. Date Incorporated or Qualified
11/27/19793a. Date of Last Report
06/28/1996

4. FEI Number

59-2071152

Applied For
Not Applicablei. Certificate of Status Desired ☐\$8.75 Additional
Fee Requiredj. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Feesk. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLEMING, MICHAEL
% MICHAEL FLEMING & ASSOC., INC.
12734-32 KENWOOD LANE
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name Stilphen, Peter
82 Str Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 City Fort Myers, FL 33907
15 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME KRONK, KARL
STREET ADDRESS 11374 CLARIDON TROY RD
CITY-ST-ZIP CHARDON OH 44024TITLE VPD ☐ DELETENAME MUSTEFFE, NORM
STREET ADDRESS 304 S.E. 16TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990TITLE TD ☒ DELETENAME YARNELL, SHIRLEY
STREET ADDRESS P.O. BOX 329 N/A
CITY-ST-ZIP PINELAND FL 33945TITLE D ☒ DELETENAME RITTENOUR, NORMAN
STREET ADDRESS BOX 6 N/A
CITY-ST-ZIP PLEASANT LAKE IN 46779TITLE D ☐ DELETENAME DEWITT, JOHN
STREET ADDRESS P.O. BOX 502 N/A
CITY-ST-ZIP PINELAND FL 33945TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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

CR2E037 (9/96)