

FILE NOW:

NON PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 JUN 28 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749920
1. Corporation Name
CAPTAIN'S COVE CONDOMINIUM ASSOC. OF FORT MYERS INC.

Principal Place of Business Mailing Address
12734-32 KENWOOD LANE 12734-32 KENWOOD LANE
FORT MYERS FL 33907 FORT MYERS FL 33907

3. Date Incorporated or Qualified **5/14/99** 3a. Date of Last Report
4. FEI Number **59-2071152** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MICHAEL FLEMING
C/O MICHAEL FLEMING & ASSOC., INC.
12734-32 KENWOOD LANE
FORT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name **Michael Fleming**
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 **Michael Fleming** DATE **6/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL KRONK	1.2 NAME	
STREET ADDRESS	11374 CLARIDON-TROY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARDON OH 44024	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORM MUSTEFFE	2.2 NAME	
STREET ADDRESS	304 SE 16TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY YARNELL	3.2 NAME	
STREET ADDRESS	P O BOX 329	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELAND FL 33945	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN RITTENOUR	4.2 NAME	
STREET ADDRESS	BOX 6	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANT LAKE IN 46779	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN DEWITT	5.2 NAME	
STREET ADDRESS	P O BOX 502	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELAND FL 33945	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500001879275
STREET ADDRESS		6.3 STREET ADDRESS	-06/28/96--01040--035
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael Fleming** DATE: **6/30/96** DAYTIME PHONE: **941 939-7576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)