

ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
James T. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

27 DEC 19 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749920**
1. Corporation Name:
**Captain's Cove Condominium Association
of Ft. Myers, Inc.**

Principal Place of Business
**P.O. Box 76
Bokeelia, FL.
33922-0076**

Mailing Address
**P.O. Box 76
Bokeelia, FL.
33922-0076**

3. Date Incorporated or Qualified: **5/14/99** 3a. Date of Last Report: **6/28/96**

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip 25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip 30. Country

9. Name and Address of Current Registered Agent
**MARQUIS MANAGEMENT, Inc.
12661 NEW BRITAIN BLVD.
FT. MYERS, FL 33907**

10. Name and Address of New Registered Agent

81. Name: **TERRY BROUGHTON ATTORNEY AT LAW**

82. Street Address (P.O. Box Number is Not Acceptable): **1705 COLONIAL BLVD.**

83.

84. City: **FT. MYERS** FL 85. Zip Code: **33907**

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: **TERRY V. BROUGHTON** Date: **12/1/97**

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

12. OFFICERS AND DIRECTORS

TITLE: DELETE

NAME: **P Tom Falcon**

STREET ADDRESS: **P.O. BOX 1718**

CITY-ST-ZIP: **WOLFEBORO, NH 03894**

TITLE: DELETE

NAME: **VP Jim Thomas**

STREET ADDRESS: **5528 JACKSON COURT**

CITY-ST-ZIP: **EVANSVILLE, IN 47715**

TITLE: DELETE

NAME: **Secretary-Treasurer Chuck Gutowski**

STREET ADDRESS: **23080 MAYFIELD**

CITY-ST-ZIP: **FARMINGTON, ME 48336**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **P D** Change Addition

1.2 NAME:

1.3 STREET ADDRESS: **N/A**

1.4 CITY-ST-ZIP:

2.1 TITLE: **V-D** Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: **T-D** Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE:

4.2 NAME:

4.3 STREET ADDRESS: **600002382756-95**

4.4 CITY-ST-ZIP: **-12/24/97-01032-010**

*******61.25 *****61.25**

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE:

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

A. Alan
12/19/97 Change Addition

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: **Thomas D. Falcon** **THOMAS D. FALCON** Date: **Sept. 11, 1997** 603-569-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)