

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90078 033 ****61.25

0061101

DOCUMENT # 749920

1. Corporation Name

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

Principal Place of Business

P.O. BOX 76
BOKEELIA FL 33922-0076
US

Mailing Address

P.O. BOX 76
BOKEELIA FL 33922-0076

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 120 DEL PRADO BLVD.

Suite, Apt. #, etc.

27 SUITE 3

City & State

28 CAPE CORAL, FL

Zip

29 33990-5702

Country

30 U.S.

3. Date Incorporated or Qualified

11/27/1979

4. FEI Number

59-2071152

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROUGHTON, TERRY ESQUIRE
1705 COLONIAL BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
JOHN G. PAUL, JR., CPA82 Street Address (P.O. Box Number is Not Acceptable)
120 DEL PRADO BLVD.

83 SUITE 3

84 City
CAPE CORAL

FL

85 Zip Code
33990

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

JOHN G. PAUL, JR.

2/22/99

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 ☐ DELETENAME PD
FALCON, TOM
STREET ADDRESS P.O. BOX 1718 (N/A)
CITY-ST-ZIP WOLFEBORO NH 03894TITLE ☒ DELETENAME VP
THOMAS, JIM
STREET ADDRESS 5528 JACKSON COURT
CITY-ST-ZIP EVANSVILLE IN 47715TITLE ☐ DELETENAME TD
GUTOWSKI, CHUCK
STREET ADDRESS 23080 MAYFIELD
CITY-ST-ZIP FARMINGTON MI 48336TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

Tom Falcon
SIGNATURE TOM FALCON, PRES.

Feb. 23, 1999

(941) 458-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)