

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749920**

1. Entity Name

CAPTAIN'S COVE CONDOMINIUM ASSOCIATION OF FORT M**FILED****Apr 06, 2001 8:00 am**
Secretary of State

04-06-2001 90064 037 ****61.25

0066049

Principal Place of Business

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

Mailing Address

120 DEL PRADO BLVD.
STE 3
CAPE CORAL FL 33990-5702

00046315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2071152

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL, JOHN C JR
120 DEL PRADO BLVD.
STE 3
CAPE CORAL FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD FALCON, TOM P.O. BOX 1718 (N/A) WOLFEBORO NH 03894	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DST MARRS, CAMILLE 16373 BOYCE DR. BOKEELIA FL 33922	<input type="checkbox"/> Delete	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVP LAMANITA, AUGUST 16391 BOYCE DR. BOKEELA FL 33922	<input type="checkbox"/> Delete	D S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	D VP ISRAEL, JOHN 16373 BOYCE DR. BOKEELIA, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Camille Marrs CAMILLE MARRS, PRES.

(941) 283-4983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)