


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90028 041 ****61.25

DOCUMENT # 749920 1. Entity 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 120 DEL PRADO BLVD. STE 3 CAPE CORAL, FL 33990-5702	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8280 COLLEGE PKWY #103 City & State FORT MYERS FL Zip 33919 Country US	
City & State		4. FEI Number 59-2071152	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Applied For <input type="checkbox"/> Not Applicable	
6.-Name and Address of Current Registered Agent PAUL, JR., JOHN G. 120 DEL PRADO BLVD. STE 3 CAPE CORAL, FL 33990		7.-Name and Address of New Registered Agent Name CONRAD, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 8280 COLLEGE PKWY #103 City FORT MYERS FL Zip 33919	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Debbie Conrad</u> <u>Debbie Conrad</u> <u>3/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MARRS, CAMILLE	NAME	
STREET ADDRESS	16373 BOYCE DR., #101	STREET ADDRESS	
CITY - ST - ZIP	BOKEELIA, FL 33922	CITY - ST - ZIP	
TITLE	DVP	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CATLIN, JAY	NAME	
STREET ADDRESS	16385 BOYCE DR., #306	STREET ADDRESS	
CITY - ST - ZIP	BOKEELIA, FL 33922	CITY - ST - ZIP	
TITLE	DST	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RITENOUR, NORMAN	NAME	
STREET ADDRESS	16385 BOYCE DR., #304	STREET ADDRESS	
CITY - ST - ZIP	BOKEELIA, FL 33922	CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Camille M. Marrs</u> CAMILLE M. MARRS 02/21/06 239-283-4993 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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