

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90035 039 ****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
**8280 COLLEGE PKWY
SUITE 103
FORT MYERS, FL 33919**

40053666



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042008

Chg-NP

CR2E037 (12/06)

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

**CONRAD, DEBBIE
8280 COLLEGE PKWY
SUITE 103
FORT MYERS, FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MARRS, CAMILLE
16373 BOYCE DR., #101
BOKEELIA, FL 33922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
CATLIN, JAY
16385 BOYCE DR., #306
BOKEELIA, FL 33922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
RITENOUR, NORMAN
16385 BOYCE DR., #304
BOKEELIA, FL 33922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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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:

CAMILLE M. MARRS
Camille M. Marrs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2008
Date

239-283-4963
Daytime Phone #