

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749920

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** CAPTAIN'S COVE CONDOMINIUM ASSOCIATION OF FORT MYERS, INC.

**Current Principal Place of Business:**

P.O. BOX 76  
BOKEELIA, FL 339220076 US

**New Principal Place of Business:**

8280 COLLEGE PKWY #103  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

8280 COLLEGE PKWY  
SUITE 103  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 59-2071152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARRS, CAMILLE  
Address: 16373 BOYCE DR., #101  
City-St-Zip: BOKEELIA, FL 33922

Title: DVP ( ) Delete  
Name: CATLIN, JAY  
Address: 16385 BOYCE DR., #306  
City-St-Zip: BOKEELIA, FL 33922

Title: DST ( ) Delete  
Name: RITENOUR, NORMAN  
Address: 16385 BOYCE DR., #304  
City-St-Zip: BOKEELIA, FL 33922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARRS, CAMILLE  
Address: 16373 BOYCE DR., #101  
City-St-Zip: BOKEELIA, FL 33922

Title: VPD (X) Change ( ) Addition  
Name: LAMANTIA, AUGUST  
Address: 16391 BOYCE DR., #402  
City-St-Zip: BOKEELIA, FL 33922

Title: STD (X) Change ( ) Addition  
Name: RITENOUR, NORMAN  
Address: 16385 BOYCE DR., #304  
City-St-Zip: BOKEELIA, FL 33922

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLE MARRS

PD

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date