## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

**DOCUMENT # 752502** 

CAPTAIN'S PARADISE CONDOMINIUM, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90133 011 \*\*\*\*61.25

				IIIII		
*	7	9	7 (	3	7	*
	707	57	00122	11		

1	ace of Business	Mailing Address	-						
	N ISLES DRIVE	136 GOLDEN ISLES DRIV	.ic		}				
HALLANDALI		HALLANDALE FL 33009	/t		)	188 <b>0</b> 18 <b>80</b> 1888 <b>88</b>	HA HAL BLAN A	HEN ENEN ENE	ı əhəih əhəm mak
	1				· /8841   1991   1	sern cimbr Dilit 👭	!!	1811 BIBN 9181	Feren <b>ere</b> n <b>ine</b> n <b>ine</b> n
2 0	<u> </u>								
	Place of Business	2a. Mailing Address	<del></del>		3. Date Incorporat	ed or Qualifor	<del></del>		
21 Suite A		26			05/15/1980	ed of Qualifet	1		
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	<del></del>		4. FEI Number				<del></del>
City & Sta		27			59-2079522	٠			Applied For
<u>-</u>	ate	City & State		·					Not Applicab
Zip		28			<ol><li>Certificate of Sta</li></ol>	tus Desired		<b>₽0./</b> 3	Additional Required
24	Country	Zip	Country		6. Election Campa	ian Eineneina			
24	9 No	29	30	- 1	Trust Fund Cont	ribution			May Be
	9. Name and Address of Co	urrent Registered Agent			10. Name and Add	ress of New I	Registered	Agent	d to Fees
			81 N	ame			rogistered	Agent	
FELDMAN	, PEARL		82 S	bened Addi.	40.0				
	DEN ISLES DR		02   5	ueel Address	(P.O. Box Number	is Not Accepta	able)		
402			83			<del></del>		<del></del>	·-···
HALLAND	ALE FL 33009								
			<b>84</b>   Ci					85 Zig	Code
11. Pursuant	to the provisions of Sections 617.	.0502 and 617.1508, Florida Statute	es the above na	mod some	44		FL		
agent. I a	registered agent, or both, in the Si im familiar with, and accept the of	.0502 and 617.1508, Florida Statut tate of Florida. Such change was a oligations of, Section 617.0503, Flor	uthorized by the	corporation's	board of directors.	ement for the	purpose of	changing i	s registered
							v mie abbon	minent as i	egisterea
SIGNATURE	Perci Francis		nda Statutes.	•	1				
SIGNATURE	EEHH BEET MA	<del>D</del>							
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	Registered Agent signa		on reinstating)		DATE		<del></del>
SIGNATURE	Signature, typed or printed name of registered OFFICERS	<del>D</del>	Registered Agent signs 13.				DATE		<del></del>
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signs 13. 1.1 TITLE		on reinstating)		DATE		<del></del>
12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signs 13. 1.1 TITLE 1.2 NAME	ature required who	on reinstating)		DATE	D DIRECT	ORS IN 12
12.	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE	agent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	ature required who	on reinstating)		DATE	D DIRECT	ORS IN 12
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE	agent and title if applicable. (NOTE:  AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ature required who	on reinstating)		DATE	D DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE	ature required who	on reinstating)		DATE	D DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P	agent and title if applicable. (NOTE:  AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ature required who	on reinstating)		DATE	D DIRECT Change	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE:  AND DIRECTORS  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE	sture required what	on reinstating)		DATE	D DIRECT Change	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP	sture required what	on reinstating)		DATE	D DIRECT Change	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD	agent and title if applicable. (NOTE:  AND DIRECTORS  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 2.1 TITLE 2.2 NAME 2.3 STREET ADDR	sture required what	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP	sture required what	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE	ESS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ESS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.3 STREET ADDRE	ESS	en reinstating) ADDITIONS/CHAN		DATE FICERS AN	D DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP	ESS	en reinstating) ADDITIONS/CHAN		DATE FICERS AN	D DIRECT Change	ORS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE	ESS	en reinstating) ADDITIONS/CHAN		DATE FICERS AN	D DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE	Registered Agent signu  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDR  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	ESS	en reinstating) ADDITIONS/CHAN		DATE FICERS AN	D DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE	Registered Agent signu  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRE	ESS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signu  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRE  4.4 CITY-ST-ZIP  4.1 STREET ADDRE  4.4 CITY-ST-ZIP	ESS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signu  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRE  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRE  4.4 CITY-ST-ZIP  5.1 TITLE	ESS ESS SS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  TREET ADDRESS  VITY-ST-ZIP  TREET ADDRESS  VITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signum  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ESS ESS SS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  TREET ADDRESS  VITY-ST-ZIP  TREET ADDRESS  VITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signu  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRE  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRE  5.3 STREET ADDRE	ESS ESS SS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  TREET ADDRESS  CITY-ST-ZIP  TITLE  TREET ADDRESS  TY-ST-ZIP  TITLE	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signu  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRE  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRE  5.4 CITY-ST-ZIP  5.5 STREET ADDRE  5.6 CITY-ST-ZIP	ESS ESS SS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS PD PERNICE, CLAIRE 136 GOLDEN ISLES DRIVE HALLANDALE FL 33009 SD AVINO, WILLA P 136 GOLDEN ISLES DR HALLANDALE FL 33009 TD FELDMAN, PEARL 136 GOLDEN ISLES DR	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signum  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRE  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRE  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRE  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRE  5.4 CITY-ST-ZIP  6.1 TITLE  6.1 TITLE	ESS ESS SS	en reinstating) ADDITIONS/CHAN		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition

Interest 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PULS DELICITIES (REALIFED DMA)

7-4-99

954-455-0043 Dayline Phone #