## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 761357

(3)

## CAPTAIN'S QUARTERS CONDOMINIUM ASSOCIATION, INC.

	T. C.	Maillag Address					ILI BILY IIII IXIII	01917 01011 07011 1007
Principal Place of	of Business	Mailing Address						
% ACCOUNTI		% ACCOUNTING HOUSE 11400 OVERSEAS HWY 10						
11400 OVERS MARATHON F	SEAS HWY 108 Fl 33060	MARATHON FL 33050	~		3 Poto Issa	porated or Qualified	3a. Date of L	ast Benort
	<del></del>	-			i	)7/1982		1/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Numb		1 23,0	Applied For
2. Frincipai Fia	ide of Business	26			59-7	2627968		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired		.75 Additional
2		27					ee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29			Florida Statutes			Yes □ No	
	9. Name and Address of Current	Registered Agent			10. Name an	d Address of New Re	egistered Agent	
			81	Name				
WARNER, RICHARD E			82	82 Street Address (P.O. Box Number is Not Acceptable)				
2975 OVERSEAS HWY			83	<u> </u>				
, MARATH	ION FL 33050		63	1				
			84	City			F1 85	Zip Code
11 Durcupot to	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the above	named core	poration submits this	s statement for the purp	pose of changing	its registered office
or registere	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	<ul> <li>a. Such change was authorized.</li> </ul>	by the corp	poration's bo	oard of directors. It	ereby accept the appo	bintment as regist	ered agent. I am
SIGNATURE _	Signature typed or printed name of registereo agent a	in Little if applicable (NOTE	Registered Ass	ent signature requ	ared where reinstaling		DATE	
12.	OFFICERS AND		13.			IS CHANGES TO OFFI	ICERS AND DIRE	CTORS IN 12
TITLE	D STOELETE		1 1 TITLE				Cha	nge 🔲 Addition
NAME	NEITZEL, JACK		1.2 NAME					
STREET ADDRESS	227 S. ANGLERS DRIVE, #40	4		T ADDRESS				
CITY-ST-ZIP	MARATHON FL		1.4 CITY-	ST-ZIP			☐ Cha	nge 🔲 Addition
TITLE	D DELETE		2 1 TITLE 2 2 NAME					rige
NAME	STUART, ALBERT	4	1	ET ADDRESS	SAME			
STREET ADDRESS	227 S ANGLERS DRIVE, #30 MARATHON FL	l	2.3 STREE					
CITY - ST - ZIP TITLE	VPS	DELETE	3 1 TIFLE				☐ Cha	· —
NAME	BENTLEY, GEORGE	<del></del>	3.2 NAME	:	70	0000173 3/04/9601(	30277	7
STREET ADDRESS	227 S. ANGLERS DRIVE, #20	11	3 3 STRF	ET ADDRESS	SAME -U	3/04/96010	330004	
CITY-ST-ZIP	MARATHON FL		3.4. CITY	-ST-ZIP	李注	*61.25		
TITLE	T □DELETE		4 1 TITLE		CIME		☐ Cna	ange 🔲 Addition
NAME	MEYERS, INA		4 2 NAM		SAME			
STREET ADDRESS	227 S. ANGLERS DRIVE, #20	)1	-	ET ADDRESS				
CITY - ST - ZIP	MARATHON FL	DELETE	4 4 City 5 1 Title				Ch	ange Addition
TITLE	D STOLET TOM	Dotter	5 2 NAM		SAME		<u></u>	
NAME STREET ADDRESS	STOUT, TOM 227 S. ANGLERS DRIVE, #30	\1	1	ET ADDRESS	~*****			
CITY - ST - ZIP	MARATHON FL	, 1	5 4 CHTY					
TITLE	P	DELETE	6 1 TITLE				☐ Ch	ange - Addition c
NAME	RICKETTS, ROBERT		62 NAM	E	SAME			10/0
STREET ADDRESS	227 S ANGLERS DRIVE #30	2	6 3 STRE	ET ADDRESS	<del>-</del>			メン・ノ
CITY-ST-ZIP	MARATHON FI		6 4 CITY	- S1 - ZIP			07/0/04 Ft- dat	) " / / / /
14. I do heret certify that oath; that	by certify that the information supplied at the information indicated on this annu t I am an officer or director of the corpor in Block 12 or Block 13 if changed, or	with this filing is voluntarily furnish all report or supplemental annual tration or the receiver or trustee	ned and do il report is t empowere	bes not quali true and acc d to execute	ity for the exemption ourate and that my s this report as requ	n stated in Section 119 signature shall have the ired by Chapter 617, Fl	.u7(3)(K). Florida Esame legal effec Iorida Statutes; a	t as if made under nd that my same
appears in	in Block 12 or Block 13 if changed, or c	on aryattacrynent with an addres						
SIGNAT	TURE: XCA2 X J	PRINTED NAME OF SIGNING OFFICER	-		CKETTS	2/21/9		)743-9992 Priorie #
1	BIONATURE AND ITPED OF	CENTRED RAME OF SIGNING OFFICER	p				• • •	

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