

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761357** (3)
1. Corporation Name
CAPTAIN'S QUARTERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 227 S AAGLEV'S DR 1 MARATHON FL 33050 US	Mailing Address PO BOX 504458 MARATHON FL 33050 US	3. Date Incorporated or Qualified 01/07/1982
		4. FEI Number 59-2627968
		Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WARNER, RICHARD E 2975 OVERSEAS HWY MARATHON FL 33050	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUART, ALBERT		1.2 NAME ROBERT SANSONE	
STREET ADDRESS 227 S ANGLERS DRIVE, #301		1.3 STREET ADDRESS 227 S ANGLERS DR #203	
CITY-ST-ZIP MARATHON FL		1.4 CITY-ST-ZIP MARATHON FL	
TITLE VP-D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENTLEY, GEORGE		2.2 NAME	
STREET ADDRESS 227 S ANGLERS DRIVE, #201		2.3 STREET ADDRESS	
CITY-ST-ZIP MARATHON FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEYERS, INA		3.2 NAME	
STREET ADDRESS 227 S ANGLERS DRIVE, #201		3.3 STREET ADDRESS	
CITY-ST-ZIP MARATHON FL		3.4 CITY-ST-ZIP	
TITLE D/VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOUT, TOM		4.2 NAME	
STREET ADDRESS 227 S ANGLERS DRIVE, #301		4.3 STREET ADDRESS	
CITY-ST-ZIP MARATHON FL		4.4 CITY-ST-ZIP	
TITLE PO P/S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICKETTS, ROBERT		5.2 NAME	
STREET ADDRESS 227 S ANGLERS DRIVE #302		5.3 STREET ADDRESS	
CITY-ST-ZIP MARATHON FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/28/98 (305) 743-9106**

CR2E037 (10/97)