

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761357

1. Entity Name

CAPTAIN'S QUARTERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

227 S ANGLER'S DR
1
MARATHON FL 33050
US

Mailing Address

PO BOX 504458
MARATHON FL 33050-4458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, RICHARD E
2975 OVERSEAS HWY
MARATHON FL 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2627968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	STUART, ALBERT	
STREET ADDRESS	227 S ANGLERS DRIVE, #301	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASTON, DAWN	
STREET ADDRESS	227 ANGLER'S DR S., #305	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, INA	
STREET ADDRESS	227 S. ANGLERS DRIVE, #201	
CITY-ST-ZIP	MARATHON FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	STOUT, TOM	
STREET ADDRESS	227 S. ANGLERS DRIVE, #301	
CITY-ST-ZIP	MARATHON FL	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	RICKETTS, ROBERT	
STREET ADDRESS	227 S ANGLERS DRIVE #302	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANSONE, ROBERT	
STREET ADDRESS	227 ANGLERS DR #203	
CITY-ST-ZIP	MARATHON FL	

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Nicolosi	
STREET ADDRESS	227 Angler Dr. S. # 302	
CITY-ST-ZIP	Marathon FL 33050	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Coe	
STREET ADDRESS	227 Angler Dr. S. # 401	
CITY-ST-ZIP	Marathon FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90056 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3/6/00 305-743-4944