

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0034849

DOCUMENT # 761357
 1. Entity Name
CAPTAIN'S QUARTERS CONDOMINIUM ASSOCIATION, INC.

03-14-2001 90175 047 ****61.25

Principal Place of Business Mailing Address
227 S ANGLER'S DR **PO BOX 504458**
1 **MARATHON FL 33050**
MARATHON FL 33050 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2627968 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WARNER, RICHARD E
2975 OVERSEAS HWY
MARATHON FL 33050

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	STUART, ALBERT	
STREET ADDRESS	227 S ANGLERS DRIVE, #301	
CITY-ST-ZIP	MARATHON FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GASTON, DAWN	
STREET ADDRESS	227 ANGLER'S DR S., #305	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NICOLOSI, PHIL	
STREET ADDRESS	227 ANGLER DR. S. #302	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COE, KEN	
STREET ADDRESS	227 ANGLERS DR. S. #401	
CITY-ST-ZIP	MARATHON FL 33050	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Hasler	
STREET ADDRESS	227 S Anglers Dr. # 401	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Alvarez	
STREET ADDRESS	227 S Anglers Dr. # 404	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell Mads	
STREET ADDRESS	227 S. Anglers Drive 303	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Dawn Gaston* DATE: 3.12.01 DAYTIME PHONE #: 305-743-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)