

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 761357**



1. Entity Name  
**CAPTAIN'S QUARTERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**227 ANGELRS DRIVE SOUTH  
C/O PHILLIP NICOLOSI  
MARATHON, FL 33050 US**

Mailing Address  
**227 ANGELRS DRIVE SOUTH  
C/O PHILLIP NICOLOSI  
MARATHON, FL 33050 US**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**NICOLOSI, PHILLIP  
227 S ANGLERS DRIVE #302  
MARATHON, FL 33050**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	ALFERES, CHARLES
STREET ADDRESS	7419 MAIN ST
CITY-ST-ZIP	FALMOUTH, MA 02540
TITLE	PD
NAME	NICOLOSI, PHILLIP
STREET ADDRESS	227 ANGLER DR. #302
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	DT
NAME	HASLER, JOSEPH
STREET ADDRESS	14 POPLAR DR
CITY-ST-ZIP	PARIS, IL 61944
TITLE	SD
NAME	MILLER, VERLIS
STREET ADDRESS	227 S ANGLERS DR #402
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80007-010 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Philip A. Nicolosi* **Philip A. Nicolosi** 1/6/06 305-289-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #