

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 3:19

DOCUMENT # 762086 (7)

1. Corporation Name

CAPTAIN'S HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12734-30 KENWOOD LANE
FT MYERS FL 33907**

**12734-30 KENWOOD LANE
FT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1982

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2443538

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip

23

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip

28

Country

29

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MICHAEL FLEMING AND ASSOCIATES
12734 KENWOOD LN
STE 32
FT. MYERS FL 33907**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

HARTMANN, CHARLES

7597 CAPTAINS HARBOR DR

BOOKEELIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SHERWOOD, BILL

7500 CAPTAINS HARBOR DR

BOOKEELIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

SCHMIDT, ROBERT

7565 CAPTAINS HARBOR DR.

BOOKEELIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

BECKER, FRANK

7597 CAPTAINS HARBOR DRIVE

BOOKEELIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HUGHSON, MAX

7597 CAPTAINS HARBOR DR

BOOKEELIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8135347576